DOCUMENT RESUME

ED 477 123 EC 309 944

AUTHOR	Gagnon, Joseph Calvin; Mayer, Matthew J.
TITLE	Educating Juveniles with Disabilities in Correctional Settings. Fifth CCBD Mini-Library Series: Meeting the Diverse Needs of Children and Youth with E/BD--Evidence-Based Programs and Practices.
INSTITUTION	Council for Children with Behavioral Disorders.
ISBN	ISBN-0-86586-990-1
PUB DATE	2004-00-00
NOTE	65p.; Series Editors: Lyndal M. Bullock, Robert A. Gable, and Kristine J. Melloy.
AVAILABLE FROM	Council for Exceptional Children, 1110 N. Glebe Rd., Suite 300, Arlington, VA 22201 (Stock No. D5514). Tel: 888-232-7733 (Toll Free); Fax: 703-264-9494; e-mail: service@cec.sped.org; Web site: http://www.cec.sped.org.
PUB TYPE	Information Analyses (070) -- Opinion Papers (120) -- Reports - Descriptive (141)
EDRS PRICE	EDRS Price MF01 Plus Postage. PC Not Available from EDRS
DESCRIPTORS	*Agency Cooperation; *Correctional Education; Curriculum; Delinquency; *Disabilities; Elementary Secondary Education; Integrated Services; *Prevention; Pupil Personnel Services; *Remedial Instruction; Transitional Programs

ABSTRACT

This monograph addresses issues in the appropriate education of children and youth with disabilities, especially emotional and/or behavioral disorders, who are in juvenile correctional facilities. An introductory chapter considers the characteristics of students with E/BD in the public schools; educational services in juvenile corrections; and transition services to help students reintegrate into public schools from corrections settings. Prevention of youth involvement with the juvenile justice system is addressed in the second chapter, which considers multiple frameworks for prevention, cognitive behavioral intervention at the individual level, multisystemic therapy, the unhealthy schools syndrome, birth to prekindergarten prevention, positive behavioral interventions and supports from the public health perspective, and using evidence-based best practices. The third chapter considers juvenile correctional education directly, including curriculum, instruction, assessment, and accountability. The fourth chapter is on transition from the correction facility to the public school and offers recommendations concerning use of community-based social service agencies, targeted support for at least 12 months, involvement of a transition specialist, and provision of coordinated support in key areas. (Contains approximately 150 references.) (DB)

Reproductions supplied by EDRS are the best that can be made
from the original document.

ED 477 123

From the Fifth CCBD Mini-Library Series: Meeting the Diverse Needs of Children and Youth with E/BD: Evidence-Based Programs and Practices

Educating Juveniles with Disabilities in Correctional Settings

Joseph Calvin Gagnon
Matthew J. Mayer

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL IN MICROFICHE AND IN ELECTRONIC MEDIA FOR ERIC COLLECTION SUBSCRIBERS ONLY, HAS BEEN GRANTED BY

L.M. Bullock

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

2A

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

o Points of view or opinions stated in this document do not necessarily represent official OERI position or policy

BEST COPY AVAILABLE

CCBD
Council for Children with Behavioral Disorders

EC 309944

Lyndal M. Bullock, Robert A. Gable, & Kristine J. Melloy, *Series Editors*

From the Fifth CCBD Mini-Library Series: Meeting the Diverse Needs of Children and Youth with E/BD: Evidence-Based Programs and Practices

Educating Juveniles with Disabilities in Correctional Settings

Joseph Calvin Gagnon
George Mason University

Matthew J. Mayer
Michigan State University

Lyndal M. Bullock, Robert A. Gable, & Kristine J. Melloy, *Series Editors*

The Council for Children with Behavioral Disorders, *Publisher*

About the Council for Children with Behavioral Disorders

CCBD is an international and professional organization committed to promoting and facilitating the education and general welfare of children and youth with behavioral and emotional disorders. CCBD, whose members include educators, parents, mental health personnel, and a variety of other professionals, actively pursues quality educational services and program alternatives for persons with behavioral disorders, advocates for the needs of such children and youth, emphasizes research and professional growth as vehicles for better understanding behavioral disorders, and provides professional support for persons who are involved with and serve children and youth with behavioral disorders.

In advocating for the professionals in the field of behavioral disorders, CCBD (a division of The Council for Exceptional Children) endorses the Standards for Professional Practice and Code of Ethics adopted by the Delegate Assembly of The Council for Exceptional Children in 1983.

Stock No. D5586

ISBN 0-86586-990-1

Copyright © 2004 by the Council for Children with Behavioral Disorders, a Division of The Council for Exceptional Children, 1110 North Glebe Road, Arlington, VA 22201-5704.

Printed in the United States of America

10 9 8 7 6 5 4 3 2 1

Contents

Foreword v

1. Introduction 1
   The Statistics 2
   Inadequate Educational Services 2
   What Can Be Done 4

2. Prevention 7
   Multiple Frameworks for Prevention 7
   The Individual Level: Cognitive-Behavioral Intervention 9
   The Multiple Systems Model: Multisystemic Therapy 12
   School Level: Unhealthy Schools Syndrome 13
   Developmental Focus: Birth to Prekindergarten Prevention . . 19
   Public Health Perspective: Positive Behavioral Interventions and Supports/Second Step 20
   Using Evidence-Based Best Practices 24

3. Juvenile Correctional Education 25
   Curriculum 27
   Instruction 31
   Assessment 34
   Accountability 38

4. Transition 41

5. Conclusion 47

References 49

Foreword

Today, we find ourselves in the midst of difficult and uncertain times. Circumstances place some at greater risk than others. For example, a rapidly changing political and economic climate poses threats to children and youths who manifest noncompliance, antisocial behavior, or acting-out behavior. In addition, it is clear that recent federal legislation (i.e., No Child Left Behind and the Individuals with Disabilities Education Act) will have a major impact on the landscape of both general education and special education. Both of these Acts contain a number of positive provisions; however, they also have raised questions among those who serve students identified as *emotionally disturbed, behaviorally disordered,* or *emotionally and behaviorally disordered.* The long-term ramifications are difficult to predict, but there is little doubt that there will be far-reaching effects on the preparation of special education personnel, the nature and scope of programs and services they provide, and the specific population of students they serve.

In light of mounting challenges to serving children and youths with emotional and behavioral disorders (E/BD), it is good to know that there are a growing number of practices that have compelling empirical evidence for their effectiveness. The Council for Children with Behavioral Disorders (CCBD) is committed to putting established practices in the hands of its members and supporting efforts to increase the quality of the education and treatment of students with E/BD and their families. The authors of this series discuss in detail a range of evidence-based strategies, procedures, and models that are appropriate for early intervention programs, public and private schools, day and residential treatment programs, correctional

facilities, and other settings in which are students with E/ are educated.

The following seven volumes comprise the Fifth Mini-Librar ries on children and adolescents with E/BD. Their content stems fr the 2003 international conference sponsored by the Council for Cl ren with Behavioral Disorders:

- *Critical Issues Facing Youths with Emotional and Beh oral Disorders During Transition to Adulthood* by Mary E. M ingstar and Debra Benitez
- *Inclusive Education for Children and Youths with Em nal and Behavioral Disorders: Enduring Challenges and En ing Practices* by Beverley H. Johns, Eleanor C. Guetzloe, Edito and others
- *Differentiating Curriculum and Instruction on Beh of Students with Emotional and Behavioral Disorders Withi en-eral Education Settings* by Carol Ann Davis, Kathleen L ne, Kevin Sutherland, Phillip L. Gunter, R. Kenton Denny, llip Pickens, and Joseph Wehby
- *Educating Juveniles with Disabilities in Correctional Set* by Joseph Calvin Gagnon and Matthew J. Mayer
- *Establishing Exemplary Personnel Preparation Progra for Teachers of Students with Emotional and Behavioral Dis ers: Partnerships with Schools, Parents, and Community Age* by Alec F. Peck, Sandy Keenan, Douglas Cheney, and Richl S. Neel
- *Serving Culturally and Linguistically Diverse Student ith Emotional and Behavioral Disorders* by Festus E. Obor, Stephen Enwefa, Cheryl Utley, Sunday O. Obi, Nomsa Illa-Ogisi, and Regina Enwefa
- *Prevention and Early Intervention for Young Children at R for Emotional and Behavioral Disorders* by Maureen A. Croy, Editor, and others

In putting together this series, we have relied on the knowledge and skill of a diverse group of dedicated professionals, each of whom is directly involved in the education and treatment of children and youths with emotional and behavioral disorders. We are grateful that they were willing to share their time and expertise and are confident that their work will contribute to improving the quality of intervention efforts for these students.

Lyndal M. Bullock
University of North Texas

Robert A. Gable
Old Dominion University

Kristine J. Melloy
University of St. Thomas

Series Editors

1 Introduction

Figures show that there are about 469,407 school-age youths with emotional or behavioral disorders (E/BD) in the United States. Given the nature of their presenting problems, there is serious concern that these students are not being adequately served (U.S. Department of Education, 2001). Among these concerns are questions about the quality of academic instruction. While in school, these students may not have access to appropriate proactive supports to prevent escalation of antisocial, delinquent behavior or to allow them to remain in school, be positively engaged, and have access to the general education curriculum. Increasingly, they are at risk for involvement with the juvenile justice system and placement in correctional facilities for committed youths (U.S. Department of Education, 1999).

Many youths with E/BD who are committed to juvenile correctional facilities do not receive appropriate special education services (Leone, 1994). Consequently, these students face numerous obstacles to making a successful transition from juvenile correctional facilities to public high school—obstacles that impede their ability to continue their education and obtain their diploma. In this chapter, we discuss three issues that significantly affect educational outcomes for students with E/BD: (a) characteristics of students with E/BD in the public schools; (b) educational services in juvenile corrections; and (c) transition services to help students reintegrate into public schools from juvenile corrections settings.

The Statistics

There is a substantial body of evidence that students with E/BD commonly experience academic and social failure in school (Carson, Sitlington, & Frank, 1995; Greenbaum et al., 1996; Malmgren, Edgar, & Neel, 1998; Wagner, 1995). For example, data from multiple states suggest that students with disabilities comprise close to 20% of suspended students, compared to about 9% of the total student population. Students with E/BD are suspended at disproportionately higher rates than other students with disabilities (Leone, Mayer, Malmgren, & Meisel, 2000). These students are also 13.3 times more likely to be arrested than their nonlabeled peers. Moreover, approximately 20% are arrested, in detention, or on probation before leaving school (Doren, Bullis, & Benz, 1996; Silver et al., 1992; U.S. Department of Education, 1994). These and other data paint an uncertain future for a growing number of students with E/BD.

Youths in conflict with authorities may be committed to a number of different long-term public secure facilities, including juvenile prisons, state training schools, private treatment facilities, camps, or ranches (U.S. Department of Education, 1999). More than 110,284 students are committed to and educated in juvenile correctional facilities (Sickmund, 2002). Of these, approximately 32% are identified as having a disability (Quinn, Rutherford, & Leone, 2001). In contrast, the prevalence of students with disabilities among the general population of students is about 9% (U.S. Department of Education, 2001). In addition, of students with disabilities in juvenile correctional facilities, those with E/BD comprise over 42% of the population (U.S. Department of Education, 1999; Quinn et al., 2001). By comparison, within public schools, students with E/BD account for only about 8% of those with disabilities (U.S. Department of Education, 2001).

Inadequate Educational Services

Students with E/BD and other disabilities who are committed to juvenile correctional facilities usually do not receive the educa-

tional services guaranteed them that are necessary for academic success (Browne, 2003; Leone, 1994; Rutherford, Quinn, Leone, Garfinkel, & Nelson, 2002). Leaders in the fields of special education, corrections, and youth law have identified compliance with legislative mandates such as the 1997 Individuals with Disabilities Education Act (IDEA 1997) and the Americans with Disabilities Act (ADA) as the most critical issue facing the juvenile justice system (National Association of State Directors of Special Education, 1999).

There is ample evidence that students in correctional facilities, including those with E/BD, are at high risk for academic and social failure (U.S. Department of Education, 1999). This risk may be compounded by curriculum, assessment, and accountability policies and practices in juvenile correctional schools that are not aligned with state and federal mandates. Similarly, students exiting juvenile corrections are rarely provided the supports necessary for them to make a successful transition back to public school. Not surprisingly, few students who have been committed to correctional facilities return to high school upon release and earn their high school diploma (Haberman & Quinn, 1986; Todis, Bullis, Waintrup, Schultz, & D'Ambrosio, 2001). In fact, only about half return to high school (Griller-Clark, Rutherford, & Quinn, in press; LeBlanc & Pfannenstiel, 1991), and after 6 months, only about 21% are still in school (Webb & Maddox, 1986).

Various authorities (Coffey & Gemignani, 1994; Gagnon & McLaughlin, in press) have decried the fact that students in alternative settings are not benefiting from current educational reform efforts. The lack of attention to the education of youths in juvenile correctional schools is part of a disturbing trend and has resulted in class-action litigation in more than 20 states (Leone & Meisel, 1997). However, we maintain that appropriate educational policies do exist and need to be implemented. Recent educational reform, such as IDEA 1997 and the No Child Left Behind Act of 2001, spell out the mandates for ensuring that a high-quality education is provided to students with and without disabilities within public schools and juvenile correctional facilities and following incarceration.

What Can Be Done

To ensure that students with E/BD receive appropriate access to the general education curriculum, are accurately assessed, and are included in accountability systems, three issues must be addressed: (a) prevention of delinquent behavior via appropriate school- and community-based interventions and supports; (b) appropriate educational services within juvenile correctional schools; and (c) transition services from correctional schools to public schools that support continued student education. In Chapter 2, we examine conceptual frameworks for prevention and discuss the following five representative prevention approaches:

1. Individual level: Cognitive-behavioral intervention.
2. Multiple systems model: Multisystemic therapy (MST).
3. School level: The unhealthy schools syndrome.
4. Developmental focus: The Nurse-Family Partnership program.
5. Public health perspective: Positive behavioral interventions and supports/Second Step.

Specific developmental, academic, behavioral, social interaction, and systems-related needs of students with disabilities are examined with reference to recent theory and research. We discuss the relationship of characteristics of these prevention approaches to students' needs, exploring the complex prevention needs of students with E/BD. We stress the importance of effective and multifaceted school- and community-based behavioral interventions and supports in ensuring that students with E/BD have the opportunity to develop along a positive academic and social-emotional trajectory.

Students with E/BD who are committed to juvenile correctional facilities require and are guaranteed the same quality education as their counterparts in general public schools. In Chapter 3, we look at current educational services for students in juvenile corrections in light of current educational reform efforts. Upon their exit from corrections, appropriate aftercare is necessary to guarantee stu-

dents the opportunity and support necessary to continue their education. Although there are a number of students who choose not to return to school, this fact should not restrict the educational possibilities and support available to all youths.

In Chapter 4, our focus shifts to current research related to empirically validated transition services and promising approaches. Finally, in Chapter 5, we offer conclusions on overall content.

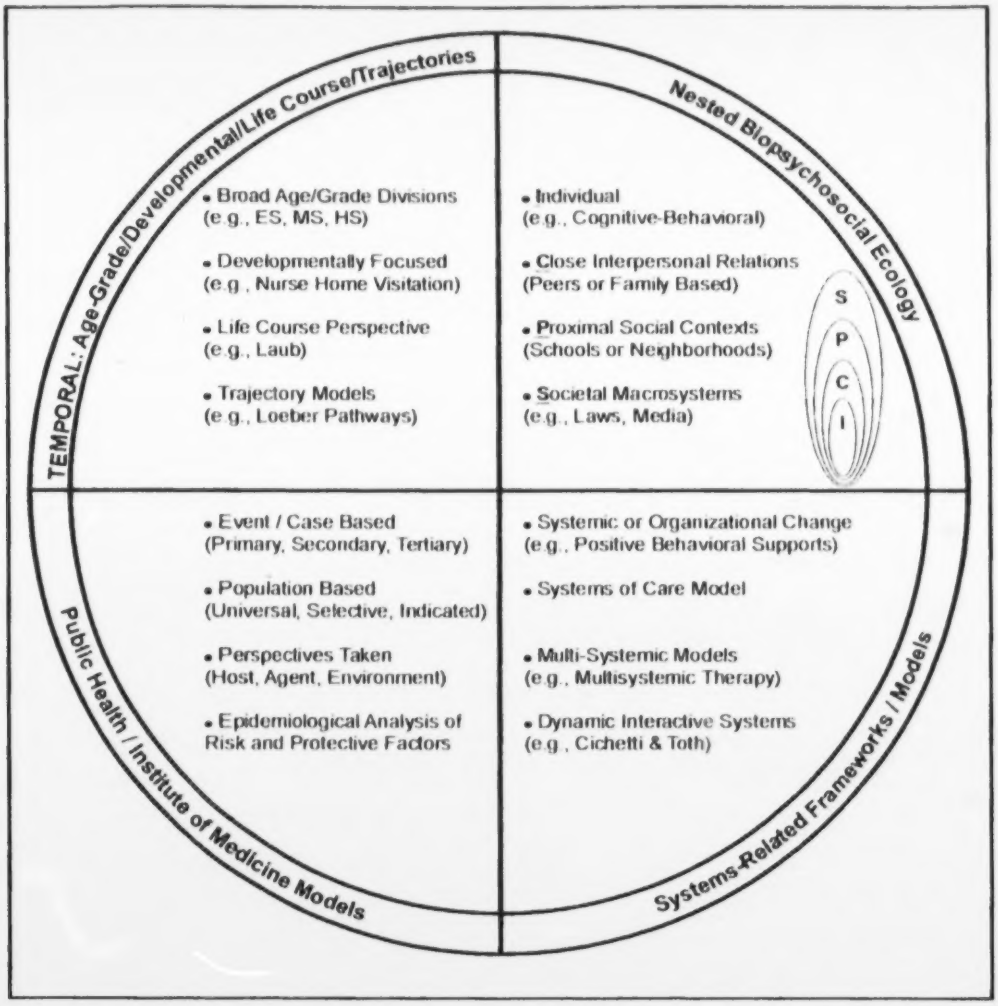
2 Prevention

Preventing youth involvement with the juvenile justice system and helping students with learning disabilities and/or emotional or behavioral disorders to develop prosocial behaviors and invest in school and family pose a major challenge. The content of professional journals reflects increased discussion on research-based best practices (Chambless & Hollon, 1998; Chorpita, 2003; Clingempeel & Henggeler, 2002; Weisz & Hawley, 1998). In concert with the mandates of the No Child Left Behind Act (2001), standards for evaluating effective prevention and intervention efforts have received increasing attention across multiple disciplines (Centers for Disease Control and Prevention, 1999; Kratochwill & Stoiber, 2002; Schinke, Brounstein, & Gardner, 2002; What Works Clearinghouse, 2003).

Multiple Frameworks for Prevention

The human services disciplines cross multiple prevention frameworks in working with students at risk for delinquency and later incarceration. Figure 1 offers a view of common conceptualizations and approaches across the fields of education, juvenile justice, social work, and mental health. These frameworks and models are not necessarily mutually exclusive. In fact, approaches such as positive behavioral interventions and supports (PBIS) may be conceptualized in terms of several aspects of this typology, including systems change, public health prevention, and school-based intervention. Likewise, multisystemic therapy can be seen as a nested ecological

Figure 1. Typology of Common Prevention Frameworks


TEMPORAL: Age-Grade/Developmental/Life Course/Trajectories
• Broad Age/Grade Divisions (e.g., ES, MS, HS)
• Developmentally Focused (e.g., Nurse Home Visitation)
• Life Course Perspective (e.g., Laub)
• Trajectory Models (e.g., Loeber Pathways)
Nested Biopsychosocial Ecology
• Individual (e.g., Cognitive-Behavioral)
• Close Interpersonal Relations (Peers or Family Based)
• Proximal Social Contexts (Schools or Neighborhoods)
• Societal Macrosystems (e.g., Laws, Media)
S
P
C
I
Public Health / Institute of Medicine Models
• Event / Case Based (Primary, Secondary, Tertiary)
• Population Based (Universal, Selective, Indicated)
• Perspectives Taken (Host, Agent, Environment)
• Epidemiological Analysis of Risk and Protective Factors
Systems-Related Frameworks / Models
• Systemic or Organizational Change (e.g., Positive Behavioral Supports)
• Systems of Care Model
• Multi-Systemic Models (e.g., Multisystemic Therapy)
• Dynamic Interactive Systems (e.g., Cichetti & Toth)

systems approach and a multiple systemic approach. Many specialized and hybrid approaches embody multiple conceptualizations (e.g., cognitive-ecological, developmental-ecological, and other specialized models).

While a full exploration of each of these approaches is beyond the scope of the present discussion, it is instructive to consider recent research in several areas. In this chapter, we highlight five topics aligned with the prevention approaches shown in Figure 1.

The Individual Level: Cognitive-Behavioral Intervention

Cognitive behavior modification (CBM) is an approach to altering behavior through systematic training. In this approach, individuals are active participants in understanding and modifying their own cognitions, which, in turn, affect behavior. This approach combines behavior modification with techniques for self-directed change. The focus is on changing covert thoughts instead of changing overt behavior. Some CBM techniques, such as those employed to treat adolescent depression, can involve changing behavior to help drive changes in affect and cognition (Kendall, 2000).

Cognitive behavior modification is based on the proposition that inner speech mediates behavior and that, by using language to alter cognition, behavior can change. It addresses cognitive and symbolic mediation processes that affect behavior. Processes include environmental perception and interpretation, belief systems, verbal and imaginal coding systems, planning, problem solving, and other types of thinking (Craighead, Kazdin, & Mahoney, 1981). Instruction using the CBM approach includes self-instruction, self-monitoring, self-assessment, and self-reinforcement (Rooney & Hallahan, 1985). CBM has been applied successfully in a variety of settings including hospitals, clinics, detention centers, schools, and individual and group therapy. Cognitive-behavioral interventions have been widely used with youths displaying excessive anger, various antisocial behaviors, limited self-control, and poor social problem solving, as well as anxiety and depression (Kendall, 2000; Larson & Lochman, 2002). Recent reviews on the effectiveness of cognitive-behavioral therapy for anger and aggression generally have concluded that these techniques are "probably efficacious," indicating substantial, but nonconclusive evidence of their effectiveness (Kazdin & Weisz, 1998; Kendall, 2000; Ollendick & King, 1998; Weisz & Hawley, 2002).

Dodge and colleagues (Crick & Dodge, 1994; Zelli, Dodge, Lochman, Laird, & Conduct Problems Prevention Research Group, 1999) have discussed mechanisms of anger and aggression tied to processing

social cues and negotiating social interactions. Three focus areas are (a) biased inferences linked to processing social stimuli, (b) knowledge structures of prior social experience applied to current social experience, and (c) anger arousal and escalation processes. Zelli and colleagues (1999) found strong evidence that youths who believe that aggressive behavior is acceptable tend to interpret social cues as threatening or hostile, leading to aggressive behavioral responses. Furthermore, these researchers demonstrated that existing knowledge structures based on previous social encounters drive the deviant processing of student social interactions. Crick and Dodge argued that repeated behavioral enactments by aggressive youths were linked to a rigid automaticity of negative behavior in which individuals did not access all social information while processing, interpreting, and evaluating social interactions. Rather, these youngsters tended to respond aggressively because of a limited behavioral repertoire and deficient processing of social information.

Preventive cognitive behavioral interventions (Larson & Lochman, 2002; Kazdin, 2001; Kendall, 2000) that address anger management and social skills have generally targeted the concerns discussed. Anger management programs typically focus on (a) self-monitoring (e.g., physiological arousal states), (b) self-regulation, (c) self-instruction, (d) social perspective-taking (including empathy training), and (e) social problem-solving skills.

Cognitive-behavioral techniques are often considered to be intense therapeutic interventions applied by highly trained specialists. The question arises: What role can special educators and other allied discipline professionals play in this arena? Recognizing that many widely used school-based violence prevention programs (e.g., Second Step, Frey et al., 2000) reflect aspects of cognitive-behavioral therapy, it becomes clear that special educators can provide critical support for students at risk of involvement with the juvenile justice system in the following ways:

- Communicating and coordinating with cognitive-behavioral therapists to reinforce and complement strategies and skills students are learning.

- Providing students with appropriate cues and prompts to facilitate usage of newly learned anger management and social interaction skills and provide authentic learning opportunities, seizing on "teachable moments."
- Providing behavioral data recording and analysis supports as well as anecdotal data to therapists or other professionals working with students.
- Informally embedding generally productive and salient aspects of cognitive-behavioral interventions into the day-to-day fabric of school-based instruction and experiences.

These teacher-supported skills are important because they provide students with critical tools to manage behavior and reinforce newly learned behaviors, gradually displacing longstanding antisocial behaviors. In day-to-day interactions, students and teachers are in a unique position to capitalize on breakthrough (positive) behaviors and thoughtfully use naturally occurring, teachable moments. For example, via structured lessons, students can learn the physical signs of anger arousal and specific strategies, such as the STOP (i.e., Stop / Think / Options / Proceed) relaxation techniques, for dealing with difficult emotions. In addition, teachers can provide students with ways to communicate their needs and desires appropriately and develop empathy through perspective taking. Use of these skills can then be encouraged within classroom conflicts through teacher cues and prompts. In this way, students are encouraged to think, evaluate options, and make good behavioral choices.

Teachers and other professionals working with students at risk for incarceration and/or other involvement with the criminal justice system must realize that youngsters engaging aggressive and violent behaviors may not be simply choosing to behave that way. In fact, these students often lack specific behavioral skills and can evidence deficiencies and/or distortions in processing social information. To mitigate against the harmful outcomes such behaviors, school staff and allied discipline personnel must work proactively to teach and reinforce appropriate student social behaviors. In all, cog-

nitive-behavioral interventions have shown great promise as a prevention tool in this regard.

The Multiple Systems Model: Multisystemic Therapy

Multisystemic therapy (MST) is a short- to medium-term intervention (i.e., approximately 3 to 5 months) to address the needs of youths who display aggression or violence, drug involvement, and other antisocial behaviors. The MST model emerged from social ecology and family systems research. It includes the following characteristics:

- It is based in the youth's community.
- It is family oriented, often working directly in the home.
- It addresses the fit between the youngster and multiple nested levels of his or her environment.
- It works in concert with multiple agencies that may be involved with the youngster.
- It focuses on complex causal factors.
- It builds on the critical role of caregivers.
- It uses existing evidence-based best practices from multiple disciplines.
- It depends on a continuous process of assessment, evaluation, and recycling of treatment strategies and plans.

The MST model is unique among treatment approaches because of a low caseload ratio (typically 4 to 5 families per therapist); available therapists 24 hours per day, 7 days per week; and the amount of in-home intervention work that occurs. Use of MST has received multiple positive evaluations for efficacy and effectiveness (Henggeller & Lee, in press; Henggeler, Schoenwald, Rowland, & Cunningham, 2002; U.S. Department of Health and Human

Services, 1999) and has been shown to be cost effective (Washington State Institute on Public Policy, 2001). The underlying principles of MST (adapted from Henggeler et al., 2002) and the various methods associated with MST are shown in Figure 2.

The MST model offers a more sophisticated approach to modeling and responding to behavioral problems than other widely used approaches such as functional behavioral assessment and behavioral intervention planning. An examination of Figure 2 reveals how MST works with processes and factors that transcend the nested levels of the child's ecology.

Referring to Figure 3, we can see the articulation of interactions that cross family, peer, and school-level systems. The oval shapes point to major referral issues, while the rectangles identify major contributing factors. The underlined items identify the underlying problems as factors contributing to the occurrence of other problems. The model also enables the treatment team to consider dynamically interactive and possible reciprocal processes that transcend the layers of the child's ecology. In turn, more complex interventions that appropriately target multiple needs can be crafted to maximize the likelihood of success.

Use of MST has evolved in recent years beyond its original scope and purpose to address the broader needs of adolescents with E/BD (Henggeler et al., 2002). Today, there are at least two major variants of MST, targeting the needs of antisocial youth and those with E/BD. In sum, multisystemic therapy has emerged as an important prevention tool to help high-risk youths with and without disabilities to minimize further involvement with the juvenile justice system.

School Level: Unhealthy Schools Syndrome

Students who engage in violent and extremely disruptive behaviors in school are at risk for incarceration as well as other sanctions by the juvenile justice system. Unfortunately, efforts to predict such

Figure 1. Multisystemic Therapy (MST) Principles and Methods

Principles

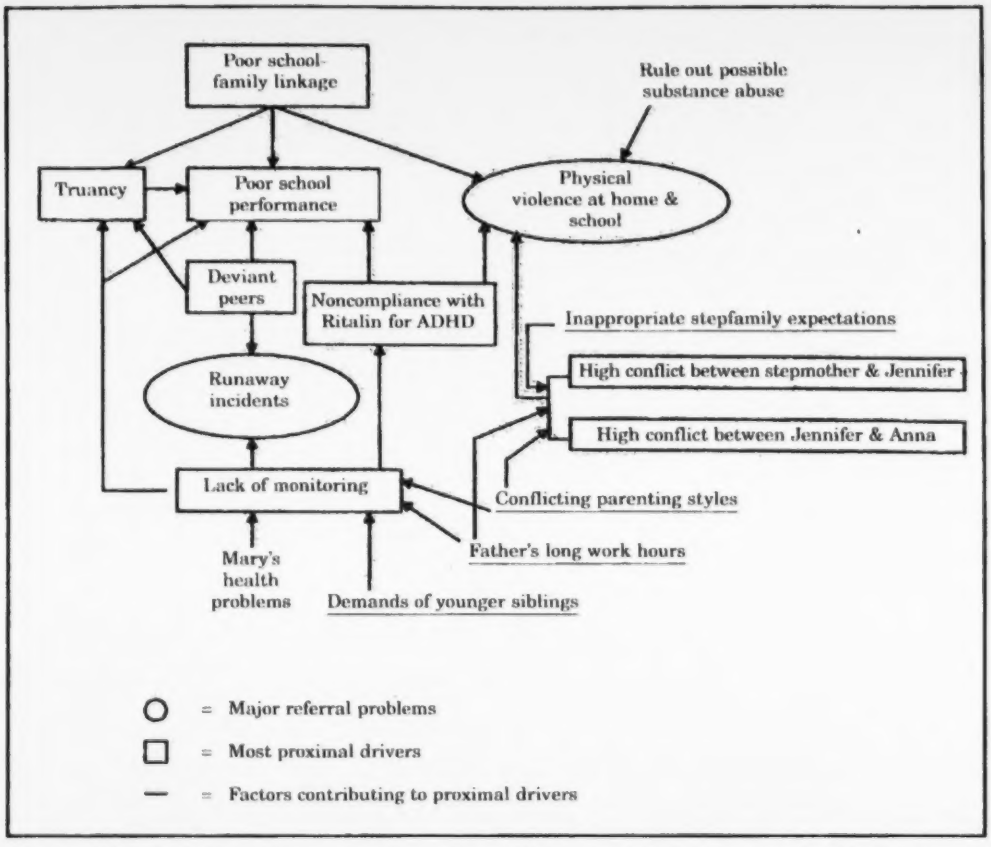
- Finding the fit between problems (and solutions) in the context of a youth's life.
- Focusing on positive attributes and strengths.
- Fostering personal responsibility.
- Focusing on the present, being action oriented and well-defined (i.e., focusing on plans now).
- Targeting sequences of behaviors within and across systemic levels.
- Being developmentally appropriate.
- Maintaining a continuous effort by all involved.
- Emphasizing evaluation and accountability.
- Promoting generalization and long-term maintenance (the caregiver is key to achieving goals).

Methods

- Assessment of individual and family functioning and the larger system in which they exist.
- Individual and group counseling.
- Cognitive-behavioral therapies.
- Psychiatric supports.
- Individual and group instruction in specific skills and strategies.
- Parenting training.
- Strategies to manage peer relationships.
- Strategies and supports for school engagement and success.
- Acquisition of social service system supports.
- Cooperative problem-solving strategy development between therapist and clients.
- Facilitating interagency communication, collaboration, and shared problem solving.

Note. Adapted from Henggeler, S. W., Schoenwald, S. K., Rowland, M. D., & Cunningham, P. B. (2002). *Serious emotional disturbance in children and adolescents: Multisystemic therapy.* New York: The Guilford Press. Reproduced with permission from the publisher.

Figure 3. Multisystemic Therapy Fit Analysis



Note. Adapted from Henggeler, S. W., Schoenwald, S. K., Rowland, M. D., & Cunningham, P. B. (2002). *Serious emotional disturbance in children and adolescents: Multisystemic therapy.* New York: The Guilford Press. Reproduced with permission from the publisher.

violence and identify potentially dangerous students with screening devices have proven impractical (Furlong, Bates, & Smith, 2001; Vossekuil, Fein, Reddy, Borum, & Modzeleski, 2002). More germane to such concerns are contextual issues regarding how the school operates and the day-to-day experiences of students at school. Prevention of violent and antisocial behaviors at school can be conceptualized not merely in terms of risk factors of individuals, but to a greater extent in terms of risk factors of schools. In this context, prevention boils down to systems analysis and reform.

Leone and Mayer (in press) discussed several areas in which a serious lack of fit and disconnect may exist within a school. For exam-

ple, a school's academic mission may not be consistent with daily reality, particularly for students at risk. In addition, a school may rely on zero-tolerance policies and reactive discipline rather than positive and proactive approaches to student behavior. Schools may also be entrenched in noncollaborative systems of control that are not supportive of students. Furthermore, a disconnect may exist across race or culture or for students with disabilities. Aspects of the school context that may contribute to problem behavior include:

- School climate.
- Classroom setting events.
- Teacher-student interactions.
- Intensified academic missions and high-stakes testing.
- Instructional systems for behavioral change.
- Systems of behavior management and discipline.
- School security approaches.
- Diversity issues surrounding students of color and those with disabilities.
- Opportunity structures (academic, social, behavioral).

Any one of the symptoms among the five areas previously discussed would be an appropriate goal for school system intervention. Taking a broader view of chronic problems systemic to many schools, these symptoms can form a constellation of problems more appropriately conceptualized as a *syndrome*—an "unhealthy schools syndrome." Such a syndrome indicates a lack of good fit between an educational institution and the students it serves.

Several reviews of research and meta-analyses of prevention (Catalano, Arthur, Hawkins, Berglund, & Olson, 1998; Gottfredson, 2001; Hawkins, Farrington, & Catalano, 1998; Lipsey, 1995; Wasserman & Miller, 1998) have stressed the critical nature of more comprehensive, multifaceted prevention approaches. Narrowly conceived one-shot approaches rarely result in significant positive change. Instead, schools need to work with stakeholders in their

communities to foster more comprehensive planning that addresses the complex needs of students at risk for involvement with the juvenile justice system and improves goodness of fit between students who have not experienced success in the local school environment.

Leone and Mayer (in press) proposed several directions for prevention of an unhealthy schools syndrome:

1. *Defining academic missions that make sense and include supports to ensure success.* Schools may mandate high academic standards, but sufficient supports must be in place to support academically marginalized students. Students who are disengaged and have experienced cycles of failure must be "recruited" back into challenging academics that offer them authentic learning opportunities.

2. *Implementing positive, proactive approaches to school discipline.* Best-practices approaches such as positive behavioral interventions and supports (PBIS) should be implemented in more schools, along with preservice and inservice professional staff training in proactive, school-wide discipline models. Districts need to support schools to develop the infrastructure and capacity to make fundamental changes. The evolution from coercive, punitive approaches to discipline to a more positive, proactive model represents a fundamental change in the culture for many schools. That change can take years to accomplish and requires a long-term commitment, a multiyear implementation plan, and ongoing reflection and evaluation.

3. *Embedding opportunities to learn prosocial behaviors at school.* Aggression is, for the most part, a learned behavior that can be unlearned. Students need direct instruction in appropriate areas including anger management, social communication skills, and social problem solving. Even more, they need genuine opportunities in the daily context of life at school to practice new skills and develop more prosocial behaviors. Authentic opportunities are essential if students are to progress emotionally and socially. This means that schools must build capacity to address social and emotional issues and must make time to allow students to learn from their behavioral mistakes.

4. *Cultivating a culture of collaboration among all participants.* School professionals, along with students, parents, allied youth agency staff, and members of the community, form a critical mass of stakeholders who can work together to develop high-quality educational opportunities for students. A common vision, shared ownership, and respect for diversity and differing philosophies can form the foundation for a long-term productive working relationship. Such a culture of collaboration can help at-risk and marginalized students to find success in school and reduce the likelihood of aggressive and violent behaviors.

5. *Responding to issues of diversity with sensitivity and systemic restructuring.* Serious problems exist with regard to how schools discipline and work with students of culturally and linguistically diverse backgrounds, as well as with students with disabilities. Schools need to work harder to promote sensitivity and respect among staff, improve partnerships with parents, and deal more fairly with a diverse student population in matters of discipline. Teachers need to reassess how well they understand and communicate with students of other races and cultures, and school districts need to provide opportunities for ongoing staff development in this regard. Likewise, professional preservice training programs need to make this area a priority in new teacher training.

6. *Using data collection, ongoing evaluation, and ongoing mid-course corrections.* The saying "You don't know where you're going if you don't know where you are" brings home the point that schools need to use data collection and analysis strategically to better understand how well they are progressing with the challenges they face (McConaughy & Leone, 2002). School districts must promote and support systematic evaluations of comprehensive initiatives designed to promote school safety, promote prosocial behavior, and ensure academic success for all students. Program evaluation requires that local schools receive resources and support to collect and analyze data and modify activities to achieve desired, measurable outcomes. A team of stakeholders, including parents and other vested members of the community, should be part of the process.

Developmental Focus: Birth to Prekindergarten Prevention

Many prevention programs for students at risk for involvement with the juvenile justice system focus primarily on older students in middle or high school. In fact, early intervention programs, especially those targeted for infants and small children, seem at first glance somewhat askew with the focus of juvenile delinquency prevention. Yet an undeniable body of data has emerged over the past 10 to 15 years pointing to the connection between inadequate prenatal, perinatal, and infant care and later problems with anger, aggression, antisocial behavior, and potential involvement with the criminal justice system (Dodge & Pettit, 2003; Karr-Morse & Wiley, 1997; Olds et al., 1998; U.S. Department of Health and Human Services, 1999). Indeed, these early programs represent our first line of defense in preventing future incarceration of youth with and without disabilities.

The Blueprints Program at the Colorado Center for the Study and Prevention of Violence (2002) identified the Nurse-Family Partnership as a model program meeting families' prevention needs by addressing (a) negative maternal personal health behaviors during pregnancy; (b) poor or inappropriate care of infants, and (c) environmental stressors that affect family functioning. The Nurse-Family Partnership is an intensive home visitation program in which a nurse works with an at-risk family during pregnancy through the first 2 years of the child's life. Theoretically, the program is rooted in research on self-efficacy, attachment, and human ecology. The program focuses on (a) fostering healthy pregnancy outcomes; (b) promoting children's healthy development; and (c) facilitating mothers' individual development. Mothers are trained and supported in appropriate health care for mother and baby during and after pregnancy, infant care skills, critical self-help and problem-solving skills, personal education, career development, family planning, and related topics. The nurse partners visit once a week initially and twice a month for most of the pregnancy. For the first

6 weeks after delivery, the nurse visits once a week, and over time reduces the frequency to twice a month, and later once a month.

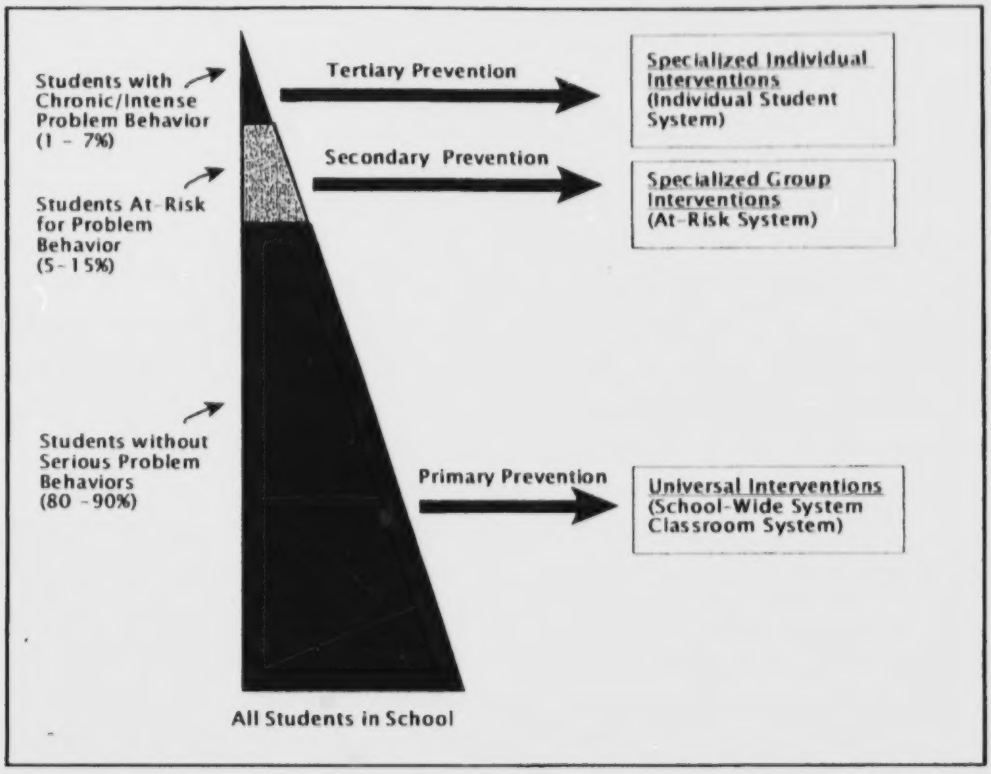
In addition to demonstrating a reduction in short-term pregnancies, associated delivery complications, and longer-term negative outcomes for the children, the program has led to significant improvement in mothers' personal health behaviors and longer-term individual development. Participation in the program led to a reduction in incidents of child abuse and neglect. The Nurse-Family Partnership has also demonstrated a reduction in later criminal and antisocial behavior of 15-year-old children, including fewer arrests, less delinquent behavior, and less involvement with alcohol (Olds et al., 1998). The Nurse-Family Partnership program has received multiple positive evaluations for effectiveness and superior cost-benefit performance (Schinke et al., 2002; Washington State Institute on Public Policy, 2001).

Public Health Perspective: Positive Behavioral Interventions and Supports/Second Step

Many violence and delinquency prevention programs embody aspects of public health methodology. The public health model, which was originally developed to address infectious disease outbreak (Institute of Medicine, 1994), has evolved over the past century and now is used across many disciplines to help prevent and/or ameliorate harmful social outcomes, which are often viewed from an injury prevention perspective.

In recent years, prevention literature has abounded with the terms *primary, secondary, tertiary,* and *universal, selective,* and *indicated* (see Figure 4). Primary prevention focuses on preventing new occurrences of a health problem. Secondary prevention aims to minimize harm from an emerging health event and lower the case rate of the problem. Tertiary prevention addresses repair of harm after the fact and minimizing future harm. Universal programs target the overall population, while selective programs target a small subset of at-risk

Figure 4. PBIS Model


Students with Chronic/Intense Problem Behavior (1 - 7%)
Students At-Risk for Problem Behavior (5-15%)
Students without Serious Problem Behaviors (80 - 90%)
Tertiary Prevention
Secondary Prevention
Primary Prevention
Specialized Individual Interventions (Individual Student System)
Specialized Group Interventions (At-Risk System)
Universal Interventions (School-Wide System Classroom System)
All Students in School

From Sugai, G., Horner, R. H., Dunlap, G., Hieneman, M., Lewis, T., Nelson, C. M. et al. (1999). *Applying positive behavioral support and functional behavioral assessment in schools.* (Technical Assistance Guide 1, version 1.4.2). Washington, DC: U.S. Office of Special Education Programs, Center on Positive Behavioral Interventions and Supports.

individuals, typically with small-group interventions. Indicated prevention programs target more chronic, high-risk individuals, often using individualized interventions of a more intensive and multidisciplinary nature.

The classic public health prevention terms from the 1950s (Institute of Medicine, 1994)—*primary, secondary,* and *tertiary*—address discrete health events or, more to the point, they are case oriented. The terms *universal, selective,* and *indicated,* which originated in the 1980s (Tolan & Guerra, 1994), are population oriented. While the terms have been used interchangeably by some authors, they have distinct meaning and applicability. The terms *universal, selective,*

and *indicated,* seem most appropriate for current-day prevention discussions (Tolan & Guerra, 1994).

Public health literature reflects the perspective that injury-related problems are part of a complex nexus of elements and influences that relate to the *host, agent,* and *environment* (DeJong, 1994). The *host* refers to the person whose behavior contributes to the problem. The *agent* is the means or mechanism by which the problem occurs. The *environment* refers to the larger complex environment (physical, organizational/institutional, social, cultural, and societal). These perspectives are used in a multidisciplinary approach (Hamburg, 1998) that includes (a) a community-based approach (in reference to the population in question); (b) health-event surveillance (ongoing data collection and analysis); (c) epidemiologic analysis (risk and protective factors); (d) intervention, design, and evaluation; and (e) outreach, education, information, and dissemination.

Most violence and delinquency prevention programs embody some aspect of the public health model. We have chosen to illustrate use of that model through a brief discussion of two exemplary approaches: positive behavioral interventions and supports (PBIS) and the Second Step program. The PBIS model addresses student behavioral issues (see Figure 4) using case-based and population-based terminology. It is a systems approach to fostering school environments that promote academic and behavioral success for all students. The PBIS approach targets school policies and practices that facilitate or inhibit positive outcomes. Classroom management and academic instruction are seen as joint processes. Staff in PBIS schools teach academic and social skills in a coordinated approach, using direct instruction, positive reinforcement, modeling, and precorrection (Lewis & Sugai, 1999). PBIS stresses data-based assessment of school climate and student academic and behavioral development.

Second Step (DeJong, 1994; Frey, Hirschstein, & Guzzo, 2000) is a school-based, *universal* violence prevention curriculum (pre-K through grade 9) that focuses on developing core individual competencies and promoting basic social-emotional skills. Second Step teaches anger management, impulse control, empathy, social inter-

action, and social problem-solving skills. In concert with the public health focus on environment, Second Step provides training to school stakeholders, including parents, to promote a school-wide environment that supports positive social development. Multiple evaluations have documented Second Step's effectiveness (Grossman, et al., 1997; Schinke et al., 2002).

Recommendations for Prevention

Substantial progress has been made in the science of prevention. We know how to perform rigorous program evaluations and, in a more general sense, understand many key factors that contribute to program effectiveness. Nevertheless, there is more work to do in developing and evaluating new and promising interventions and improving existing approaches (e.g., cognitive-behavioral therapies). What we have yet to do is successfully approach these challenges in a more coherent, transdisciplinary way, focusing on systems-based understanding of change and finding better ways to provide vital support services to youths who are at risk for antisocial and/or violent behavior.

Several cross-cutting issues emerge as critical aspects of prevention:

- Early intervention, preferably before or just as problems begin to surface.
- Involvement of all stakeholders.
- Sensitivity to issues of race, culture, and disability.
- Multifaceted approaches that address complex needs of troubled youths.
- Differentiated prevention programming to meet unique needs of unique youths.
- School-based opportunities for success that are linked to specific interventions.
- Positive and proactive prevention approaches.

Using Evidence-Based Best Practices

For students with E/BD, prevention efforts that minimize future involvement with the juvenile justice system and help to foster prosocial development, success in school, and positive adjustment to adolescent and young adult life roles remain a complex and daunting undertaking for the educational, social work, juvenile justice, and mental health professions. There are scores of highly effective research-validated programs. Approaches to prevention vary widely and often are fragmented in terms of addressing a broad array of needs. However, it is clear that schools must draw on the available research to provide a positive and proactive approach to student behavior. For students with E/BD to remain in school, be academically successful, and focus on the rigors of the general education curriculum, the effects of their problem behaviors should be minimized.

3

Juvenile Correctional Education

Access to a challenging curriculum, assessment of student learning, and accountability for student progress are central to current U.S. educational reform (Gagnon & McLaughlin, in press). The recent reauthorization of Title 1 of the Elementary and Secondary Education Act (No Child Left Behind Act, 2001) requires that school curriculum align with assessment and accountability systems and be accessible to *all students* (Educational Policy Research Reform Institute, 2002). In addition, schools are confronted with assessment and accountability mandates. Olson, Jones, and Bond (2001) noted that 27 states require students to pass an assessment to receive a high school diploma. The increase in assessment is grounded in the belief that assessing students' performance is necessary to know whether they have met district and state content standards (Gagnon & McLaughlin, in press). Accountability requirements include public reporting of disaggregated assessment results for students with disabilities within each state, local district, and school (No Child Left Behind Act, 2001). We feel strongly that the public reporting of assessment results has the potential to improve instruction (Cibulka & Derlin, 1995) and ensure that students with disabilities are included in accountability systems (Roach, Daily, & Goertz, 1997).

The 1997 reauthorization of IDEA is consistent with the No Child Left Behind Act and ensures that students with disabilities are

included in general and special education reforms. However, there is limited information concerning curriculum, assessment, and accountability policies in juvenile correctional schools for committed youths with disabilities. Students in exclusionary settings may not be provided a district- or state-developed curriculum, participate in district and state assessments, or have their assessment results reported to the state (Gagnon & McLaughlin, in press). Similarly problematic, the American Correctional Association (ACA; 1991) and the Correctional Education Association (CEA; 1988) maintain standards for educational programs for students in juvenile correctional facilities that do not specifically address curriculum, assessment, and accountability policies and practices in light of current educational reform (i.e., No Child Left Behind, IDEA). In addition, many local education agencies (LEAs) and state education agencies (SEAs) have not been held accountable for the performance of those students in the correctional facilities in their jurisdictions and states (Florida Legislature, 1998; Leone & Meisel, 1997). The lack of alignment between these school-level, LEA, and SEA policies undermines the challenge of providing high-quality education in juvenile correctional facilities.

Access to a high-quality education is particularly important for the growing number of young children committed to juvenile corrections. Approximately 253,100 youngsters under the age of 13 were arrested in 1997, accounting for 9% of all juvenile arrests (Snyder, Espiritu, Huizinga, Loeber, & Petechuk, 2003). Increasingly, juvenile offenders are being placed in secure residential facilities. From 1988 to 1997, there was a 49% increase in the number of juveniles under the age of 13 who were committed to juvenile correctional facilities (i.e., from 4,700 to 7,100) (Snyder et al., 2003). For these students, there is a great need for access to a general education curriculum and support to earn their high school diploma. Earning a high school diploma can have significant long-term ramifications for young people in terms of their long-term financial, social, and psychological well-being. Incarcerated adults who earned a diploma were less likely to recidivate than those who earned a general equivalency diploma (GED) or exited school without a high school diploma (Harlow, 2003).

There are several barriers to providing appropriate educational services to students committed to juvenile corrections (e.g., inadequate space and staffing, overcrowding, lack of funding). Students with disabilities inside and outside the juvenile justice system are entitled to a free and appropriate public education (FAPE), and there is no legal justification for denying it to them (Brooks, Kinsman, Griller-Clark, Leone, & Ordover, 2001). However, in many states, litigation has been necessary to obtain services for students both within corrections and in the public school (Leone & Meisel, 1997).

For example, previous litigation made it clear that a lack of funding does not justify public schools to provide inadequate educational services (*Mills v. Board of Education*, 1972). More specific to corrections, the court in *Green v. Johnson* (1981) ruled that incarcerated youths do not forfeit their right to an appropriate education (U. S. Department of Education, 1999). Although the case was settled, in *Smith v. Wheaton* (1987) the assertion was that the juvenile commitment facility provided inadequate special education services (i.e., no related services such as counseling and occupational therapy were available) (Leone & Meisel, 1997). Given the large percentage of students with E/BD in juvenile correctional settings, it is important that educational programs be aligned with federal mandates.

In the next section, we address issues that apply to youths with E/BD, those with other disabilities, and those without disabilities within juvenile corrections. Specifically, the discussion focuses on three aspects of education in correctional facilities for committed youths: curriculum, assessment, and accountability.

Curriculum

Prior to IDEA 1997, the concept of equity for students with E/BD consisted of ensuring access to educational services as well as equity of funding and resources (McLaughlin, 1999). To ensure appropriate educational services, special educators typically relied on an alternative curriculum with IEP goals and objectives aligned with the student's level of achievement (Matlock, Fielder, & Walsh, 2001).

In this approach, rather than providing strategies to assist students in accessing the general education curriculum, the individualized education program (IEP) became the curriculum (Nolet & McLaughlin, 2000).

Now, IDEA 1997 requires that students with disabilities be provided access to the general education curriculum (Gagnon & McLaughlin, in press). That access is accomplished by linking IEP goals to the general education curriculum and, subsequently, to academic content standards (Nolet & McLaughlin, 2000). Researchers (McDonnell, McLaughlin, & Morison, 1997) and advocacy groups (Chesapeake Institute, 1994) have stressed the importance of ensuring access to challenging curricula and raising expectations for these youths to promote positive educational, social, and employment outcomes (Gagnon, 2002). Within the comments and discussion of the IDEA final regulations, support for a challenging curriculum for students with E/BD and other disabilities included the following statement:

> An effective educational system now and in the future must maintain high academic standards and clear performance goals for children with disabilities, consistent with the standards and expectations for all students in the educational system, and provide for appropriate and effective strategies and methods to ensure that students who are children with disabilities have maximum opportunities to achieve those standards and goals. (IDEA, 1997, Sec 651 (a)(6) (A), p. 12470)

Providing access to the general education curriculum in corrections is critical, given that academic improvement is associated with lower rates of recidivism (Katsiyannis & Archwamety, 1999). There also is evidence that adult offenders with a high school diploma are less likely to recidivate (Harlow, 2003) than those without a diploma. If students committed to juvenile correctional facilities are to graduate from high school, they must be afforded the opportunity to learn the critical content necessary to pass required coursework and assessments (Gagnon & McLaughlin, in press). Specifically, students at the high school level are commonly expected to complete a specific curriculum or set of courses to earn a diploma (Heubert & Hauser, 1999), and almost all states have identified a minimum number of

courses that high school students must take in specific academic areas (Guy, Shin, Lee, & Thurlow, 1999). Increasingly, states require students to pass an assessment to receive a high school diploma (Olson et al., 2001).

To date, relatively few studies have addressed the issue of curriculum in juvenile corrections, and research in this area is limited largely to descriptive or summary information of individual programs (Coffey & Gemignani, 1994). Furthermore, most extant studies lack the basic scientific rigor of random assignment and control groups. Without testable hypotheses or comparable evidentiary support for analyzing outcomes associated with varying curricular conditions in juvenile correctional facilities, it is especially difficult to propose specific corrective measures. However, some valuable data on curricula in juvenile corrections have emerged. Wolford (2000) noted that 55% (n = 11) of states surveyed reported providing no mandatory across-the-system curriculum for youths in juvenile corrections. In another study Foley (2001) noted that a range of curriculum options existed in juvenile corrections. Programs commonly included elementary and secondary academic instruction, prevocational and vocational programs, and social skills instruction. GED and special education programs are also typically offered (Foley).

It is not surprising that the achievement levels of delinquent youths are generally lower than the performance level of nondelinquent youths (Davis, Sanger, & Morris-Friehe, 1991; Finn, Stott, & Zarichny, 1988; Lawrence 1985). Delinquent students may require a differentiated curriculum, one that focuses on assisting them in obtaining their GED or vocational license. This fact, in addition to the large numbers of students who have few or no high school credits when they are committed (Haberman & Quinn, 1986), creates a dilemma. For some of these students, obtaining a high school diploma may be an unrealistic goal. Indeed, best practices research (Rutherford et al., 2002) underscores the necessity of providing a functional educational curriculum and GED test preparation in juvenile correctional facilities.

In addition to access to the general education curriculum, students need an opportunity to develop functional job-related skills, daily-

living skills, and social skills. For example, a 17 year old with no high school credits would not benefit from a traditional educational approach, but might garner more benefit from an emphasis on functional literacy and mathematical skills. Yet, a ninth-grader with no credits might still benefit from coursework aligned with the general education curriculum, with additional support.

Without clear federal and state guidelines, administrators and teachers are left to make impromptu decisions that may force a student into a vocational education program when the student has the potential to earn a diploma. Furthermore, there is a danger that decisions will be made based on the availability of certain programs within the correctional facility, rather than the needs of a student. Ultimately, resolution of this dilemma will require specific parameters from the state and federal government that take into consideration the unique educational needs of students committed to juvenile corrections.

Recommended Curricular Practices

Recommended practices are intended to provide a clear and concise course of action for educators, administrators, and policymakers based on available research and federal law and regulations. Recommendations are applicable to students with E/BD, those with other special education classifications, and all students in juvenile corrections.

- Students within juvenile correctional schools must have access to the general education curriculum and the full range of educational opportunities available to students in public schools.
- The curriculum should be linked to state academic content standards and mandatory state assessments.
- GED, prevocational, and vocational programs should be provided as a supplement to the general education curriculum and should never supplant the general education curriculum.
- Teachers and administrators should receive ongoing and comprehensive professional development that includes a focus on

current school reform efforts and legal developments, the LEA curriculum, and LEA and SEA academic content standards (Schrag, 1995).

- State and federal mandates must be developed that take into consideration the unique educational needs of the students with few or no academic credits who are committed to juvenile corrections. These mandates should define parameters to guide correctional administrators and educators as they make decisions regarding student participation in the general education curriculum or vocational and/or GED-based educational programs.
- Waivers should not be provided that allow juvenile correctional schools to omit certain curriculum content areas, reduce school days, and reduce days in a school year. This practice currently prevents youths from appropriately accessing a free and appropriate public education.
- Academic courses must be associated with Carnegie unit credits to support students as they work toward a diploma (National Center on Education, Disability, and Juvenile Justice, 2003).
- The State Department of Education should oversee correctional educational programs within each state (Wolford, 2000) and ensure that juvenile justice educational programs are held accountable for seeing that students with and without disabilities have access to the general education curriculum and the full range of educational opportunities available to students in public schools.

Instruction

Providing access to the general education curriculum to youths with E/BD—and all youths—committed to juvenile corrections poses a tremendous challenge. The reasons are many and varied. For example, no one would question that student competence in mathematics and reading is a critical component of academic success, graduation, and positive postschool outcomes. Ensuring that all students are able to achieve in these content areas is a national priority (IDEA,

1997; No Child Left Behind Act, 2001), and success is considered a gateway to many educational and occupational opportunities (Jetter, 1993). However, students with E/BD are typically 1.8 grade levels behind their nonlabeled peers in math and 3.5 grade levels behind in reading (Coutinho, 1986; Wagner, 1995). In fact, many students in juvenile correctional facilities—both with and without identified disabilities—function well below expected academic levels. For example, on average, confined youths in the ninth grade read at a fourth-grade level and more than 30% read below this level (DeComo et al., 1995; Gilliard & Beck, 1997). Also, juvenile offenders with disabilities commonly score significantly below nonlabeled peers on standardized mathematics assessments (Zabel & Nigro, 2001).

Confounding the difficulties in assisting youths committed to juvenile corrections is the dearth of research of student characteristics, interventions, and effective programming components (Foley, 2001). Although caution is required, one option is to rely on existing research that focuses on effective instructional strategies for students with E/BD and LD (a population that is overrepresented in juvenile corrections) (Foley, 2001). Although the bulk of available research has been conducted within the public school setting (i.e., inclusionary classroom, resource room, self-contained classroom), drawing on the accumulated research is consistent with the call to base instruction on scientifically based interventions (No Child Left Behind Act, 2001).

A comprehensive review of effective reading and mathematics interventions is beyond the purpose of our discussion. However, it is safe to make several general assertions. For example, there is no justification for math teachers in juvenile correctional schools to depend on worksheet-driven drill and practice of basic math facts (Coffey & Gemignani, 1994). As Maccini and Gagnon (2000; 2002) noted, current public school math programs and state assessments are commonly aligned with the National Council of Teachers of Mathematics (NCTM) standards for teaching math (NCTM, 1989; 1991; 1995; 2000). Emphasis is on higher-level problem-solving tasks that focus on conceptual knowledge and real-world application (Blank & Dalkilic, 1992). Emphasis on these skills likely

requires a combination of instructional approaches including (a) components of effective instruction (e.g., teaching explicit strategy instruction, teacher modeling, guided and independent practice, monitoring of student performance, review); (b) manipulatives within the context of a concrete-semiconcrete, abstract progression; (c) real-world math situations; and (d) calculators within instruction and assessment (Maccini & Gagnon, 2000).

By all accounts, literacy is a critical component of the education of students committed to juvenile corrections. For example, there is evidence that literacy programs in correctional schools may affect recidivism rates (Brunner, 1993; Center on Crime, Community, and Culture, 1997). According to Sherman and colleagues (1997), teaching reading is significantly more effective in reducing recidivism rates than boot camp programs. Although literacy is critical for a student's future, there is little research on the impact of specific instructional strategies on the reading performance of students committed to juvenile correctional facilities. However, in one study, Drakeford (2001) found that an intensive literacy program positively affected the participants' reading fluency rate, reading placement level, and attitude toward reading. Other researchers (Meisel, Henderson, Cohen, & Leone, 1998) have offered strong support for the use of direct (e.g., use of presentation of the topic, modeling of the skill or task, guided practice, monitoring and corrective feedback, and review) and peer-mediated (e.g., cooperative learning and peer tutoring) instructional strategies. Meisel and colleagues also underscored the importance of abandoning the common practice of independent drill-and-practice exercises or worksheets and noted that these approaches are ineffective in motivating students or remediating their skill deficits.

Recommendations for Instructional Practice

- Teachers should rely on instruction that has been empirically validated in public school settings for youths with E/BD and LD, including direct instruction, peer-mediated instructional strategies, and activities that are embedded in real-world contexts.

- Teachers should receive ongoing and comprehensive professional development that focuses on use of empirically validated instructional practices. This is critical, given that as few as 17% of teachers in correctional facilities are fully certified to teach special education (Quinn et al., 2001).
- Teachers should have adequate materials to implement effective instructional strategies and activities that are aligned with current educational reform movements.

Assessment

The No Child Left Behind Act (2001) and IDEA 1997 have placed increased emphasis on student assessment as a means of ensuring student academic progress. Indeed, various authorities (Fuhrman, 1999; Heubert & Hauser, 1999; Linn, 2000; Olson et al., 2001; Thurlow, Nelson, Teelucksingh, & Ysseldyke, 2000) have noted that assessment of student performance is the dominant feature of today's educational accountability system. Prior emphasis on accountability for students with special needs focused on individually referenced IEP goals and school compliance with appropriate procedures (Gagnon & McLaughlin, in press). Currently, educational reform is based on policies that highlight uniform standards rather than individual rights and on outcomes rather than processes (McDonnell et al., 1997).

IDEA 1997 mandates that students with disabilities participate in LEA and state assessments to the greatest extent possible and with accommodations, as appropriate. These mandates apply equally to students under age 18 in correctional facilities who have an active IEP. In addition to federal mandates, Thurlow, Elliott, and Ysseldyke (1998) identified the following five reasons to include students with disabilities in LEA and state assessments:

- To obtain an accurate picture of the effectiveness of education.
- To ensure that the needs of students with disabilities are considered in education reform.

- To guarantee accurate comparisons among LEAs and states.
- To avoid unintended consequences (e.g., students retained in the grade preceding the test year, increases in students' being labeled as special education students).
- To promote high expectations for students with disabilities.

In a study conducted in 2000, Wolford addressed the issue of LEA and state assessment in juvenile corrections. In a national survey of state education officials, he found that 70% of respondents (n = 14) reported that youths in the juvenile justice system participated in statewide assessments. The results did not disaggregate participation rates for youths with disabilities committed to juvenile corrections. Despite the lack of information on student participation, students with and without disabilities committed to juvenile corrections are guaranteed the right to participate in assessments. In addressing the issue of participation in LEA and state assessments, the Council for Exceptional Children (2003) asserted, "Students in traditional public school placements and students receiving publicly funded educational services in home schools, private schools, charter schools, state-operated programs, or the juvenile justice system must have equal opportunities for inclusion" (p. 5). Given the dearth of information, additional research is needed to clarify existing practices at the school level.

Assessment Accommodations

The use of testing accommodations is one of the primary methods for increasing participation of students with disabilities in assessments (Elliott, Kratochwill, & Schulte, 1998). Assessment accommodations include changes in (a) assessment item presentation, (b) student response expected, (c) timing or scheduling, and (d) setting (U.S. Department of Education, 1997). According to Hollenbeck, Tindal, and Almond (1998), accommodations maintain the nature of the construct being tested, while ensuring that students may complete a test without confounding influences of the test format, administration, or method of responding. Although accommodations are based on individual student needs, decisions should take into

consideration the assessment accommodation policies that exist in every state (Thurlow, House, Scott, & Ysseldyke, 2000). For example, without adherence to LEA or SEA guidelines, teachers may prohibit appropriate or valid accommodations and prevent students with disabilities from demonstrating their competence. Conversely, permissive accommodation policies may result in inflated student scores (Fuchs & Fuchs, 1999).

Providing appropriate assessment accommodations remains a challenge for public schools and juvenile correctional schools. Currently, there are no guidelines regarding assessment accommodations in juvenile correctional schools. However, the issues that are addressed by public schools provide a starting point for considering the needs of juvenile correctional schools. Special education teachers should be capable of offering useful information about the accommodations for students with E/BD or other disabilities. Unfortunately, most teachers make too many accommodations, many of which are chosen indiscriminately and without consideration for student disability (Fuchs, Fuchs, Eaton, Hamlett, & Karns, 2000; Johnson, Kimball, Brown, & Anderson, 2001). In addition, many students who do receive accommodations fail to benefit from them, and the accommodations students receive typically are not linked to instructional accommodations (Fuchs, Eaton, Hamlett, Binkley, & Crouch, 2000; Fuchs, Fuchs, Eaton, Hamlett, & Karns, 2000). One explanation for the largely ineffective decisions is that many teachers are not familiar with the accommodations that are allowed according to the statewide testing manual (Hollenbeck et al., 1998).

Despite the many complications to providing appropriate accommodations on LEA and state assessments, it is encouraging to know that properly trained teachers can positively affect their ability to make decisions regarding assessment accommodations. After receiving instruction, teachers are less likely to assign the same accommodations to all students, and decisions about assessment accommodations are more closely linked to students' access to the general education. In addition, high-quality teacher training can improve the consistency between the accommodations noted on the IEP and accommodations provided during assessment (Shriner &

DeStafano, 2003). That training should convey a well-articulated conceptual framework that affords teachers guidance in the decision-making process (Shriner & DeStafano, 2003).

Alternate Assessments

Students with disabilities committed to juvenile corrections that are unable to participate in LEA and state assessments (even with accommodations) are required to participate in alternate assessments. Generally alternate assessments are intended for a small number of students for whom the state or LEA assessments are not appropriate. These students commonly have severe cognitive disabilities and typically participate in a highly modified or differentiated curriculum (Gagnon, McLaughlin, & Leone, 2003). Some students committed to juvenile corrections may have severe cognitive disabilities that make participation in LEA and state assessments impossible—even with accommodations. Thus, more specialized alternate assessments must be available to these students. In that regard, Ysseldyke and Olson (1999) identified four general approaches to gathering data for alternate assessment of student learning: (a) observation; (b) recollection (e.g., interviews, rating scales); (c) record review; and (d) testing. However, the approach used within the juvenile correctional school must be consistent with state guidelines.

Recommendations Regarding State Assessments

- All students in juvenile correctional schools should participate in state assessments and do so with accommodations, as appropriate.
- When deemed appropriate, students may participate in an alternate form of assessment that is consistent with LEA and SEA guidelines.
- Teachers require comprehensive training in assessment accommodations and should be provided with an appropriate framework regarding (a) who should receive accommodations; (b) which accommodations are appropriate and aligned with the

SEA; (c) which accommodations are appropriate given certain individual student characteristics; and (d) how to maintain a link between academic content standards, student IEPs, and assessment accommodations.

- School-level planning is needed to anticipate, carry out, and monitor assessment accommodation procedures (Shriner & DeStafano, 2003).

Accountability

There is no federal provision to exclude juvenile correctional schools or the students served within these programs from the educational reforms. The No Child Left Behind Act (2001) requires the implementation and development of a statewide accountability system. This is to ensure that all local school districts and public elementary and secondary schools make adequate yearly progress (AYP) on annual state assessments in the areas of reading and math (Educational Policy Research Reform Institute, 2002). The concept of AYP is based on a consistent level of high academic performance for all children and includes annual measurable objectives for improving the performance of students within five major groups: (a) all public school students; (b) economically disadvantaged students; (c) students from major culturally and linguistically diverse groups; (d) students with disabilities; and (e) students with limited English proficiency (Educational Policy Research Reform Institute). In fact, for juvenile correctional schools to exhibit AYP, they must have at least 95% of students participating in state assessments and must show improvement in student achievement for each subgroup. However, it is unclear to what extent these school programs are adhering to federal mandates.

Beyond federal mandates, inclusion of assessment scores of students with disabilities provides important benefits to schools, including accountability for student learning, establishment of challenging goals for students, and identification of more effective instructional approaches (Fuchs & Fuchs, 2001). Additionally, Ysseldyke and

Bielinski (2002) pointed out that reporting assessment results for students with and without disabilities can provide administrators, educators, and parents the information necessary to see that students are receiving benefit from their educational program.

Currently, there is no information concerning the extent to which schools within juvenile correctional facilities are benefiting from public reporting of assessment results. The issue is complicated by the fact that these students may be served in schools outside their home district. This raises questions about where student scores should be assigned—to their district of residence or to the district in which they are receiving educational services (Thurlow et al., 1998). In the one study on state assessments in juvenile corrections, reporting of scores varied widely. That is, in some jurisdictions, students completed the assessments, but there was no composite score on all students in juvenile justice education programs (Wolford, 2000). Only in Kentucky were scores reported to each student's home school.

Recommendations for Educational Accountability in Juvenile Corrections

- Juvenile correctional school-level data (i.e., student achievement) should be collected and reported publicly statewide via a school report card.
- The success or failure of juvenile correctional schools to adequately report assessment information for committed youths should result in the same sanctions and rewards that are applied to regular public schools. Increased accountability could provide the impetus for continually improving educational programs in juvenile corrections.

4 Transition

Youths with and without disabilities typically have limited success in making the transition from a juvenile correctional facility back to their home school (Griller-Clark et al., in press; LeBlanc & Pfannenstiel, 1991). However, failure of these youths to reintegrate into public education must be viewed in light of two broad educational issues noted in previous chapters. First, many students with E/BD experience frustration and failure in our public schools. For example, 77.4% of these students fail at least one course in high school (Wagner, 1995). These students also receive a disproportionate number of suspensions and disciplinary referrals, which, in turn, increases the likelihood that they will be educated in exclusionary settings (Leone et al., 2000; U. S. Department of Education, 2001). It is not surprising, then, that many youths with E/BD exiting juvenile correctional facilities have a negative attitude toward public education and choose not to return. As we asserted in Chapter 2, public schools need to do a better job of providing students with E/BD the support necessary to ensure that they remain in class, engaged, and have access to the general education curriculum. There must be a concerted effort to move beyond a curriculum that focuses on control of student behavior (Steinberg & Knitzer, 1992), basic skills, and lower-order thinking toward a system of teaching that fosters self-initiated, prosocial behavior and challenging, authentic academic instruction.

A second contextual issue that may prevent youths from returning to their public school when exiting corrections is the dismal state of many educational programs in juvenile correctional facilities (Leone, 1994). As we argued in Chapter 3, students need a focused

academic curriculum that is connected to LEA and SEA standards and prepares students for the rigorous curriculum they will experience upon their return to public school (Gagnon, McLaughlin, Rhim, & Davis, 2002). Unfortunately, there is little evidence to suggest that a link exists between curriculum within juvenile correctional schools for committed youths and LEA and SEA standards. Students attempting to return to their public or home school may find themselves ill-prepared and may be at increased risk of academic failure and associated recidivism.

With these issues in mind, there are practices available that support the effective transition of youths from juvenile corrections to public school. However, effective transition from juvenile corrections is commonly identified as some combination of students returning to public school, obtaining job placement, and/or avoiding recidivism. As such, broad recommendations are commonly reported that support youths in meeting any of these goals. Perhaps the most comprehensive recommendations for assisting in the transition from long-term care facilities are those of the National Center on Education, Disability, and Juvenile Justice (EDJJ; see Rutherford et al., 2002). Coffey and Gemignani (1994) developed an initial list of recommendations based on a review of the literature. The EDJJ expanded these recommendations and, although some overlap exists, the list can be grouped into four general categories: (a) staff education; (b) communication and coordination; (c) planning and services to aid in students' transition while they are incarcerated; and (d) services following release.

Educating juvenile correctional education staff and supporting collaboration with professionals from other agencies is crucial to ensuring successful transition. Recommendations concerning staff education highlight the importance of collaborative professional development that includes educators, correctional staff, and mental health workers. In addition, staff should be familiar with the county, state, local, and private programs that receive and/or send youths to and from long-term placement in correctional facilities (Rutherford et al., 2002). Recommendations by the EDJJ also

underscore the importance of communication and coordination of services. Specifically, they advocate for the timely transfer of educational records from public schools and short-term facilities (e.g., jails, detention centers) to long-term correctional facilities. Educational records from the juvenile correctional facility must also be transferred immediately upon student release. Coordination of services via interagency (i.e., correctional schools and support personnel, public schools, parole, community services, youth advocates, family) meetings, visits, and communication is also critical to students' successful transition back to the community and school.

Authorities strongly advocate assisting student transition, a process that can be divided into two primary categories: planning and services. Planning should begin before the youth is transferred to the long-term correctional facility. Once the student is committed, transition planning should begin immediately. Each student should have an individual transition plan and a planning team that ensures identification, implementation, and progress toward specific goals and objectives.

The second part of student assistance relates to appropriate services that include programs offered to youths while committed and in the community following their release. In addition to the necessary academic education provided while students are committed in juvenile correctional facilities, other services should include training in vocational and job-related skills, social skills, and independent living skills; law-related education; alcohol and drug abuse counseling; anger management training; health education; and training for parenthood. The EDJJ further recommends that while committed, students should have access to a resource library that contains a variety of information on transition, including community services, public education, accessing financial support (e.g., social security, Medicaid), and mental health supports (e.g., Alcoholics Anonymous, Narcotics Anonymous). A juvenile correctional school can also organize visits and support from external resources such as speakers, tutors, mentors, vocational trainers, substance abuse counselors, employers, and job counselors.

There is ample evidence to support the importance of appropriate services following release from juvenile corrections. It is often assumed that successful reintegration of youthful offenders is merely dependent on their willingness to succeed. However, in many cases, these young people return to the same family stress, poverty, and peer pressure that initially contributed to or supported their delinquency (Dembo, Williams, & Schmeidler, 1994). To address these stresses and influences, a community-based transition system should be established to maintain student placement and communication after release. The EDJJ also recognizes and supports the need for special funds allocated for transition and support services.

The final category of EDJJ transition recommendations is accountability and adherence to federal mandates. As with any system, accountability measures must be in place to ensure that the transition program is implemented as intended. Both within-facility and external reviews are necessary to ensure consistency and maintain continual progress and refinement of the system. An effective transition plan for youths with E/BD and other disabilities requires that a specific process exist for their identification, evaluation, and placement at intake (Rutherford et al., 2002). Furthermore, educational programs in juvenile corrections must follow and be held accountable for adhering to all federal mandates, including those within IDEA.

Recommendations for Transition

- Support youths in obtaining services from community-based social service agencies after they exit juvenile corrections. Youths who receive services are more likely to be engaged in school or work than those who do not (Unrhu, Bullis, Booth, & Pendergrass, 2003).
- Provide targeted support for at least 12 months after a youth exits a juvenile correctional facility. Youthful offenders are less likely to recidivate if they have not done so 12 months after release (Bullis & Yovanoff, 1997; Bullis, Yovanoff, & Havel, 2003). However, we must recognize that some youths will require supportive services for several years.

- Provide a caring and competent adult (i.e., transition specialist) to work directly with the youth who is being released and collaborate with various concerned adults and organizations (e.g., parents, correctional educators, state department of education, vocational services organization, probation officer) (Todis et al., 2001; Unrhu et al., 2003).
- Provide coordinated support in key areas, including returning to school, job placement, accessing mental health services, accessing health care systems, and housing (Bullis et al., 2003; Todis et al., 2001; Unrhu et al., 2003).

Conclusion 5

Educational equity, access to the general education curriculum, participation in LEA and state assessments, and accountability for student progress are vital for all students. To ensure that students with E/BD are provided with the necessary support for academic success, action must be taken in the public schools to prevent academic and social failure, within the educational programs for students who are committed to juvenile corrections, and following incarceration. Federal mandates support these goals. However, there are a number of complex issues that complicate implementation. For example, many public schools still operate under reactive control-and-containment and zero-tolerance approaches, rather than providing preventive and supportive interventions for students with problem behavior. Resources to support early intervention for children who are at risk academically and behaviorally are insufficient to address current needs. Likewise, mental health supports for children and their families are very limited in an era of severe local government budget constraints. Youths with E/BD who are committed to the juvenile justice system often experience a substandard school program that does not provide the curriculum and instruction necessary for eventual reintegration into public school. Finally, as these students make the transition from corrections, they may have too few resources to support their continued education.

The difficulties within public schools, juvenile correctional schools for committed youths, and transition support services, provide a context that makes it difficult and unlikely that committed youths with E/BD will receive a high school diploma, especially if they have been incarcerated. These issues notwithstanding, students with

E/BD deserve the opportunity and support necessary to pursue a high school diploma. In previous chapters, we identified several courses of action within the areas of school-based violence prevention, juvenile correctional education, and transition services that support the academic and social success of youths with E/BD. However, implementation and improvement will require a multifaceted approach that involves the coming together of state-, local-, and school-level education administrators; correctional administrators; advocates for children; teachers; and parents (Leone & Meisel, 1997) to ensure that students with E/BD receive the necessary supports and services for academic success.

References

American Correctional Association. (1991). *Standards for juvenile correctional facilities* (3rd ed.). Lanham, MD: Author.

Blank, R., & Dalkilic, M. (1992). *State policies on science and mathematics education.* Washington, DC: State Education Assessment Center, Council of Chief State School Officers. (ERIC Document Reproduction Service No. ED 350163)

Brooks, K., Kinsman, A. M., Griller-Clark, H., Leone, P. E., & Ordover, E. (2001). *The special needs of youth in the juvenile justice system: Implications for effective practice.* Covington, KY: Children's Law Center, Inc.

Browne, J. (2003). *Derailed: The schoolhouse to jailhouse track.* Washington, DC: Advancement Project.

Brunner, M. S. (1993). *Reduced recidivism and increased employment opportunities through research-based reading instruction.* (NCJ Publication No. 141324). Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Bullis, M., & Yovanoff, P. (1997). *Return to close custody: Analysis of the Oregon Youth Authority's data set.* Eugene: University of Oregon, Institute on Violence and Destructive Behavior.

Bullis, M., Yovanoff, P., & Havel, E. (2003). *The importance of getting started right: Further examination of the facility-to-community transition of formerly incarcerated youth.* Unpublished manuscript.

Bullis, M., Yovanoff, P., Mueller, G., & Havel, E. (2002). Life on the "outs"—Examination of the facility-to-community transition of incarcerated youth. *Exceptional Children, 69,* 7–22.

Carson, R. R., Sitlington, P. L., & Frank, A. R. (1995). Young adulthood for individuals with behavioral disorders: What does it hold? *Behavioral Disorders, 20,* 127–135.

Catalano, R. F., Arthur, M. W., Hawkins, J. D., Berglund, L., & Olson, J. J. (1998). Comprehensive community- and school-based interventions to prevent antisocial behavior. In R. Loeber & D. P. Farrington (Eds.), *Serious and violent juvenile offenders* (pp. 248–283). Thousand Oaks, CA: Sage.

Centers for Disease Control and Prevention. (1999). *Framework for program evaluation in public health.* (MMWR 48, No. RR-11), i–41.

Center on Crime, Community, and Culture. (1997). *Education as crime prevention: Providing education to prisoners* (Research Brief No 2). Retrieved February 1, 2003, from http://www.soros.org/crime/researchbrief2.html

Chambless, D. L., & Hollon, S. D. (1998). Defining empirically supported therapies. *Journal of Consulting and Clinical Psychology, 66*(1), 7–18.

Chesapeake Institute. (1994, September). *National agenda for achieving better results for children and youth with serious emotional disturbance.* Retrieved March 4, 2002, from http://cecp.air.org/resources/ntlagend.html.

Chorpita, B. F. (2003). The frontier of evidence-based practice. In A. E. Kazdin & J. R. Weisz (Eds.), *Evidence-based psychotherapies for children and adolescents* (pp. 42–59). New York: Guilford.

Cibulka, J. G., & Derlin, R. L. (1995). *State educational reporting policies in the U.S.: Accountability's many faces.* (ERIC Document Reproduction Service No. ED 401613)

Clingempeel, W. G., & Henggeler, S. W. (2002). Randomized clinical trials, developmental theory, and antisocial youth: Guidelines for research. *Development and Psychopathology, 14,* 695–711.

Coffey, O. D., & Gemignani, M. G. (1994). *Effective practices in juvenile correctional education: A study of the literature and research, 1980–1992.* Washington, DC: U.S. Department of Justice, National Office for Social Responsibility.

Colorado Center for the Study and Prevention of Violence. (2002). *Blueprints model programs: Nurse-Family Partnership (NFP). Retrieved* October 29, 2002, from http://www.colorado.edu/cspv/blueprints/model/programs/details/NFPdetails.html

Correctional Education Association. (1988). *Standards for adult and juvenile correctional education programs.* College Park, MD: Author.

Council for Exceptional Children. (2003). CEC says all students must be included in assessments. *CEC Today, 9*(7), 1, 5, 14.

Coutinho, M. J. (1986). Reading achievement of students identified behaviorally disordered at the secondary level. *Behavioral Disorders, 11,* 200–207.

Craighead, E. E., Kazdin, A. E., & Mahoney, M. J. (1981). *Behavior modification: Principles, issues, and applications.* Boston: Houghton-Mifflin.

Crick, N. R., & Dodge, K. A. (1994). A review and reformulation of social information-processing mechanisms in children's social adjustment. *Psychological Bulletin, 115*(1), 74–101.

Davis, A. D., Sanger, D. D., & Morris-Friehe, M. (1991). Language skills of delinquent and nondelinquent adolescent males. *Journal of Communication Disorders, 24,* 251–266.

DeComo, R., Tunis, S., Krisberg, B., Herrera, N. C., Rudenstine, S., & Del Rosario, D. (1995). *Juveniles taken into custody: Fiscal year 1992 report* (NCJ Publication No. 153851). Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

DeJong, W. (1994). Preventing interpersonal violence among youth: An introduction to school, community and mass media strategies. *Issues and Practices in Criminal Justice.* Washington, DC: National Institute of Justice. (ERIC Document Reproduction Service No. ED378522)

Dembo, R., Williams, L., & Schmeidler, J. (1994). Psychosocial, alcohol/other drug use, and delinquent differences between urban Black and White males high risk youth. *International Journal of the Addictions, 29,* 461–483.

Dodge, K. A., & Pettit, G. S. (2003). A biopsychosocial model of the development of chronic conduct problems in adolescence. *Developmental Psychology, 39,* 349–371.

Doren, B., Bullis, M., & Benz, M. (1996). Predicting arrest status of adolescents with disabilities in transition. *The Journal of Special Education, 29,* 363–380.

Drakeford, W. (2001). *The impact of an intensive program to increase the literacy skills of youth confined to juvenile corrections.* Unpublished doctoral dissertation, University of Maryland, College Park.

Educational Policy Research Reform Institute. (2002, Spring). *Policy updates, issue one.* College Park: University of Maryland, Educational Policy Research Reform Institute, The Institute for the Study of Exceptional Children. Retrieved April 24, 2003, from www.eprri.org

Elliott, S. N., Kratochwill, T. R., & Schulte, A. G. (1998). The assessment accommodation checklist: Who, what, where, when, why, and how? *Teaching Exceptional Children, 31*(2), 10–13.

Finn, G. D., Stott, M. W., & Zarichny, K. T. (1988). School performance of adolescents in juvenile court. *Urban Education, 23,* 150–161.

Florida Legislature. (1998). *Review of education services in juvenile residential facilities.* (Report No. 98–28). Tallahassee: Office of Program Policy Analysis and Government Accountability. (ERIC Document Reproduction Service No. ED 426335)

Foley, R. M. (2001). Academic characteristics of incarcerated youth and correctional educational programs. *Journal of Emotional and Behavioral Disorders, 9,* 248–259.

Frey, K. S., Hirschstein, M. K., & Guzzo, B. A. (2000). Second Step: Preventing aggression by promoting social competence. *Journal of Emotional and Behavioral Disorders, 8,* 102–112.

Fuchs, L. S., & Fuchs, D. (1999). Fair and unfair testing accommodations. *The School Administrator 56,* 24–29.

Fuchs, L. S., & Fuchs, D. (2001). Helping teachers formulate sound test accommodation decisions for students with learning disabilities. *Learning Disabilities Research & Practice, 16,* 174–181.

Fuchs, L. S., Fuchs, D., Eaton, S. B., Hamlett, C., Binkley, E., & Crouch, R. (2000). Using objective data sources to enhance teacher judgments about test accommodations. *Exceptional Children, 67,* 67–81.

Fuchs, L. S., Fuchs, D., Eaton, S. B., Hamlett, C. L., & Karns, K. M. (2000). Supplementing teacher judgments of mathematics test accommodations with objective data sources. *School Psychology Review, 29*(1), 65–85.

Fuhrman, S. H. (1999, January 27). The new accountability. *Policy Brief: Reporting Issues in Education Reform.* Philadelphia: Consortium for Policy Research in Education.

Furlong, M. J., Bates, M. P., & Smith, D. C. (2001). Predicting school weapon possession: A secondary analysis of the Youth Risk Behavior Surveillance Survey. *Psychology in the Schools, 38,* 127–139.

Gagnon, J. C. (2002). *Survey of teachers and principals in residential and day treatment schools for students with emotional and behavioral disorders.* Unpublished doctoral dissertation, University of Maryland, College Park.

Gagnon, J. C., & McLaughlin, M. J. (in press). Curriculum, assessment, and accountability in day treatment and residential schools. *Exceptional Children.*

Gagnon, J.C., McLaughlin, M. J., & Leone, P. (2003). *Educational accountability in day treatment and residential schools for students with EBD: Report on a national survey* (Issue Brief No. 3). College Park, MD: Educational Policy Reform Research Institute.

Gagnon, J. C., McLaughlin, M. J., Rhim, L. M., & Davis, G. (2002). Standards-driven reform policies at the local level: Report on a survey of local special education directors in large districts. *Journal of Special Education Leadership, 15,* 3–9.

Gilliard, D. K., & Beck, A. J. (1997). *Prison and jail inmates at midyear 1996.* (NCJ Publication No. 162843). Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.

Gottfredson, D. C. (2001). *Schools and delinquency.* New York: Cambridge.

Green v. Johnson, 512 F. Supp. 965 (D. Mass. 1981).

Greenbaum, P. E., Dedrick, R. F., Friedman, R. M., Kutash, K., Brown, E. C., Lardieri, S. P., & Pugh, A. M. (1996). National adolescent and child treatment study (NACTS): Outcomes for children with serious emotional and behavioral disturbance. *Journal of Emotional and Behavioral Disorders, 4,* 130–146.

Griller-Clark, H., Rutherford, R. B., & Quinn, M. M. (in press). Practices in transition for youth in the juvenile justice system. In D. Cheney (Ed.), *Transition of students with emotional or behavioral disabilities from*

school to community: Current approaches for positive outcomes. Arlington, VA: Division for Career Development and Transition/Council for Children with Behavioral Disorders.

Grossman, D. C., Neckerman, H. J., Koepsell, T. D., Liu, P. Y., Asher, K. N., Belland, K., et al. (1997). Effectiveness of a violence prevention curriculum among children in elementary school: A randomized controlled trial. *Journal of the American Medical Association, 277,* 1605–1611.

Guy, B., Shin, H., Lee, S. Y., & Thurlow, M. L. (1999). *State graduation requirements for students with and without disabilities* (Tech. Rep. No. 24). Minneapolis: University of Minnesota, National Center on Educational Outcomes.

Haberman, M., & Quinn, M. M. (1986). The high school re-entry myth: A follow-up study of juveniles released from two correctional high schools in Wisconsin. *Journal of Correctional Education, 21,* 133–140.

Hamburg, M. A. (1998). Youth violence is a public health concern. In D. S. Elliott, B. A. Hamburg, & K. R. Williams (Eds.), *Violence in American schools* (pp. 31–54). New York: Cambridge.

Harlow, C. W. (2003, January). *Bureau of Justice Statistics special report: Education and correctional populations.* Washington, DC: U.S. Department of Justice, Office of Justice Programs.

Hawkins, J. D., Farrington, D. P., & Catalano, R. F. (1998). Reducing violence through the schools. In D. S. Elliott, B. A. Hamburg, & K. R. Williams (Eds.), *Violence in American schools* (pp. 188–216). New York: Cambridge.

Henggeler, S. W., & Lee, T. (in press). Multisystemic treatment of serious clinical problems. In A. E. Kazdin & J. R. Weisz (Eds.), *Evidence-based psychotherapies for children and adolescents.* New York: Guilford.

Henggeler, S. W., Schoenwald, S. K., Rowland, M. D., & Cunningham, P. B. (2002). *Serious emotional disturbance in children and adolescents: Multisystemic therapy.* New York: Guilford.

Heubert, J. P. & Hauser, R. M. (Eds.). (1999). *High stakes: Testing for tracking, promotion and graduation.* Washington, DC: National Academy Press.

Hollenbeck, K., Tindal, G., & Almond, P. (1998). Teachers' knowledge of accommodations as a validity issue in high-stakes testing. *The Journal of Special Education, 32,* 175–183.

Individuals with Disabilities Education Act Amendments of 1997, Pub. L. No. 105-17 (1997). Title 20, U.S.C. 1400-1487; U.S. Statutes at Large, 111, 37–157. (ERIC Document Reproduction Service No. ED 412712)

Institute of Medicine. (1994). *Reducing risks for mental disorders: Frontiers for preventive intervention research.* Washington, DC: National Academy Press.

Jetter, A. (1993, February 21). Mississippi learning. *The New York Times Magazine,* pp. 288–235, 250, 251, 264, 272.

Johnson, E., Kimball, K., Brown, S. O., & Anderson, D. (2001). A statewide review of the use of accommodations in large-scale, high-stakes assessments. *Exceptional Children, 67,* 251–264.

Karr-Morse, R., & Wiley, M. S. (1997). *Ghosts from the nursery.* New York: Atlantic Monthly Press.

Katsiyannis, A., & Archwamety, T. (1999). Academic remediation/achievement and other factors related to recidivism rates among delinquent youth. *Behavioral Disorders, 24,* 93–101.

Kazdin, A. E. (2001). *Behavior modification in applied settings* (6th ed.). Belmont, CA: Wadsworth.

Kazdin, A. E., & Weisz, J. R. (1998). Identifying and developing empirically supported child and adolescent treatments. *Journal of Consulting and Clinical Psychology, 66*(1), 19–36.

Kendall, P. C. (2000). *Child and adolescent therapy: Cognitive-behavioral procedures* (2nd ed.). New York: Guilford.

Kratochwill, T. R., & Stoiber, K. C. (2002). Evidence-based interventions in school psychology: Conceptual foundations of the procedural and coding manual of Division 16 and the Society for the Study of School Psychology Task Force. *School Psychology Quarterly, 17,* 341–389.

Larson, J., & Lochman, J. E. (2002). *Helping schoolchildren cope with anger.* New York: Guilford.

Lawrence, R. (1985). School performance, containment therapy, and delinquent behavior. *Youth and Society, 17,* 69–95.

LeBlanc, L. A., & Pfannenstiel, J. C. (1991). *Unlocking learning: Chapter 1 in correctional facilities.* Washington DC: U.S. Department of Education.

Leone, P. E. (1994). Education services for youth with disabilities in a state-operated juvenile correctional system: Case study and analysis. *The Journal of Special Education, 28,* 43–58.

Leone, P. E., & Mayer, M. J. (in press). Safety, diversity, and disability: "Goodness of fit" and the complexities of the school environment. In M. J. Furlong, M. P. Bates, & P. Kingery (Eds.), *Best practices in school-based threat assessment.* Hauppauge, NY: Nova Science.

Leone, P. E., Mayer, M. J., Malmgren, K., & Meisel, S. M. (2000). School violence and disruption: Rhetoric, reality, and reasonable balance. *Focus on Exceptional Children, 33*(1), 1–20.

Leone, P. E., & Meisel, S. (1997). Improving education services for students in detention and confinement facilities. *Children's Legal Rights Journal, 71*(1), 2–12.

Lewis, T. J., & Sugai, G. (1999). Effective behavior support: A systems approach to proactive schoolwide management. *Focus on Exceptional Children, 31*(6), 1–24.

Linn, R. L. (2000). Assessment and accountability. *Educational Researcher, 29*(2), 4–16.

Lipsey, M. W. (1995). What do we learn from 400 research studies on the effectiveness of treatment with juvenile delinquents? In J. McGuire (Ed.), *What works? Reducing reoffending* (pp. 63–78). New York: Wiley.

Maccini, P., & Gagnon, J. C. (2000). Best practices for teaching mathematics to secondary students with special needs: Implications from teacher perceptions and a review of the literature. *Focus on Exceptional Children, 32*(5), 1–22.

Maccini, P., & Gagnon, J. C. (2002). Perceptions and application of NCTM's standards by special and general education teachers: Implications for practice for secondary students with emotional and learning disabilities. *Exceptional Children, 68*, 325–344.

Malmgren, K., Edgar, E., & Neel, R. S. (1998). Postschool status of youths with behavioral disorders. *Behavioral Disorders, 23*, 257–263.

Matlock, L., Fielder, K., & Walsh, D. (2001). Building the foundation for standards-based instruction for all students. *Teaching Exceptional Children, 33*(5), 68–72.

McConaughy, S., & Leone, P. E. (2002). Measuring the success of prevention strategies. In B. Algozzine & P. Kay (Eds.), *Preventing problem behaviors* (pp. 183–219).Thousand Oaks, CA: Corwin.

McDonnell, L. M., McLaughlin, M. J., & Morison, P. (Eds.) (1997). *Educating one and all: Students with disabilities and standards-based reform.* Washington, DC: National Academy Press.

McLaughlin, M. J. (1999). Access to the general education curriculum: Paperwork and procedure or redefining "special education." *Journal of Special Education Leadership, 12*(1), 9–14.

Meisel, S., Henderson, K., Cohen, M., & Leone, P. (1998). Collaborate to educate: Special education in juvenile correctional facilities. In *Building collaboration between education and treatment for at-risk and delinquent youth* (pp. 59–72). Richmond: National Juvenile Detention Association, Eastern Kentucky University.

Mills v. Board of Education, 348 F. Supp. 866 (1972).

National Association of State Directors of Special Education. (1999). *Students with disabilities in juvenile justice programs: Directions for federal support.* Proceedings of Project FORUM at National Association of State Directors of Special Education. Alexandria, VA: Author. (ERIC Document Reproduction Service No. ED 428492)

National Center on Education, Disability, and Juvenile Justice. (2003). *Juvenile correctional educational programs.* Retrieved April 22, 2003, from http://www.edjj.org/education.html

National Council of Teachers of Mathematics. (1989). *Curriculum and evaluation standards for school mathematics.* Reston, VA: Author.

National Council of Teachers of Mathematics. (1991). *Professional standards for teaching mathematics.* Reston, VA: Author.

National Council of Teachers of Mathematics. 995). *Assessment standards for school mathematics.* Reston, VA: Autho

National Council of Teachers of Mathematics 2000). *Principles and standards for school mathematics.* Reston, VA: thor.

No Child Left Behind Act of 2001, P.L. 107-11 115 Stat. 1425 (2002).

Nolet, V., & McLaughlin, M. J. (2000). *Acces g the general curriculum: Including students with disabilities in sta ards-based reform.* Thousand Oaks, CA: Corwin.

Olds, D., Henderson, C. R., Cole, R., Eckenrod J., Kitzman, H., Luckey, D., et al. (1998). Long-term effects of nurse me visitation on children's criminal and antisocial behavior. *Journ of the American Medical Association, 280,* 1238–1244.

Ollendick, T. H., & King, N. J. (1998). Empiric y supported treatments for children with phobic and anxiety disorder Current status. *Journal of Clinical Child Psychology, 27,* 156–167.

Olson, J. F., Jones, I. A., & Bond, L. A. (2001). ate student assessment programs: Annual survey. Washington, DC: ncil of Chief State School Officers.

Quinn, M. M., Rutherford, R. B. Jr., & Leone, E. (2001). *Students with disabilities in correctional facilities.* (ERIC/E igest No. E621)

Roach, V., Daily, D., & Goertz, M. (1997). *Sta accountability systems and students with disabilities.* Alexandria, VA: nter for Policy Research on the Impact of General and Special E cation Reform, National Association of State Boards of Education.

Rooney, K. J., & Hallahan, D. P. (1985). Future ections for cognitive behavior modification research: The quest for co itive change. *Remedial and Special Education, 6*(2), 46–51.

Rutherford, R. B., Quinn, M. M., Leone, P. E., rfinkel, L., & Nelson, C. M. (2002). *Education, disability, and juvenil stice: Recommended practices.* (Fourth CCBD Mini-Library Series Arlington, VA: Council for Children with Behavioral Disorders.

Schinke, S., Brounstein, P., & Gardner, S. (20). *Science-based prevention programs and principles, 2002.* (DHH Pub. No. SMA 03-3764). Rockville, MD: Center for Substance Abuse revention, Substance Abuse and Mental Health Services Administrati

Schrag, J. (1995). *Effective practices in corre nal education for incarcerated youth with disabilities.* Alexandria A: National Association of State Directors of Special Education.

Sherman, L. W., Gottfredson, D., MacKenzie . L., Eck, J., Reuter, P., & Bushway, S. (1997). *Preventing crime: Wh works, what doesn't, what's promising.* (NCJ Publication No. 165366 Washington, DC: National Institute of Justice.

Shriner, J. G., & DeStafano, L. (2003). Participation and accommodation in state assessment: The role of individualized education programs. *Exceptional Children, 69,* 147–161.

Sickmund, M. (2002, December). *Juvenile residential facility census, 2000: Selected findings.* (Juvenile offenders and victims national report series, 1–4). Washington DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Silver, S. E., Duchnowski, A. J., Kutash, K., Friedman, R. M., Eisen, M., Prange, M. E., et al. (1992). A comparison of children with serious emotional disturbances served in residential and school settings. *Journal of Child and Family Studies, 1,* 43–59.

Smith v. Wheaton, No. 87-190 (D. Conn., filed November, 1987).

Snyder, H. N., Espiritu, R. C., Huizinga, D., Loeber, R., & Petechuk, D. (2003, March). Prevalence and development of child delinquency. *Child Delinquency Bulletin.* Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Steinberg, Z., & Knitzer, J. (1992). Classrooms for emotionally and behaviorally disturbed students: Facing the challenge. *Behavioral Disorders, 17,* 145–156.

Thurlow, M. L., House, A. L., Scott, D. L., & Ysseldyke, J. E. (2000). Students with disabilities in large-scale assessments: State participation and accommodation policies. *The Journal of Special Education, 34,* 154–163.

Thurlow, M. L., Elliott, J. L., & Ysseldyke, J. E. (1998). *Testing students with disabilities: Practical strategies for complying with district and state requirements.* Thousand Oaks, CA: Corwin.

Thurlow, M. L., Nelson, J. R., Teelucksingh, E., & Ysseldyke, J. E. (2000). *Where's Waldo? A third search for students with disabilities in state accountability reports* (Tech. Rep. No. 25). Minneapolis: University of Minnesota, National Center on Educational Outcomes. Available from: http://education.umn.edu/NCEO/OnlinePubs/TechReport25.html

Todis, B., Bullis, M., Waintrup, M., Schultz, R., & D'Ambrosio, (2001). Overcoming the odds: Qualitative examination of resilience among formerly incarcerated adolescents. *Exceptional Children, 68,* 119–139.

Tolan, P. H., & Guerra, N. G. (1994). Prevention of delinquency: Current status and issues. *Applied and Preventive Psychology, 3*(4), 251–273.

Unruh, D., Bullis, M., Booth, C., & Pendergrass, J. (2003). *Description and evaluation of Project SUPPORT: Service utilization to promote the positive rehabilitation and community transition of incarcerated youth with emotional disorders.* Unpublished manuscript.

U.S. Department of Education. (1994). *Sixteenth annual report to Congress on the implementation of the Individuals with Disabilities Education Act.* Jessup, MD: Education Publications Center.

U.S. Department of Education. (1997, October 17). *Guidance on standards, assessments, and accountability.* Retrieved April 8, 2002, from http://www.ed.gov/offices/OESE/StandardsAssessment/assess.html.

U.S. Department of Education. (1999). *Twenty-first annual report to Congress on the implementation of the Individuals with Disabilities Education Act.* Washington, DC: Author.

U.S. Department of Education. (2001). *Twenty-third annual report to Congress on the implementation of the Individuals with Disabilities Education Act.* Washington, DC: Author.

U.S. Department of Health and Human Services. (1999). *Mental health: A report of the Surgeon General.* Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.

Vossekuil, B., Fein, R. A., Reddy, M., Borum, R., & Modzeleski, W. (2002, May). *The final report and findings of the Safe School Initiative: Implications for the prevention of school attacks in the United States.* Washington, DC: U.S. Secret Service and U.S. Department of Education.

Wagner, M. (1995). Outcomes for youth with serious emotional disturbance in secondary school and early adulthood. *Future of Children, 5*(2), 90–113.

Washington State Institute for Public Policy. (2001, May). *The comparative cost and benefits of programs to reduce crime.* Olympia, WA: Author.

Wasserman, G. A., & Miller, L. S. (1998). The prevention of serious and violent juvenile offending. In R. Loeber & D. P. Farrington (Eds.), *Serious and violent juvenile offenders* (pp. 197–247). Thousand Oaks, CA: Sage.

Webb, S. L., & Maddox, M. E. (1986). The juvenile corrections interagency transition model: Moving students from institutions into community schools. *Remedial and Special Education, 7,* 56–61.

Weisz, J. R., & Hawley, K. M. (1998). Finding, evaluating, refining, and applying empirically supported treatments for children and adolescents. *Journal of Clinical Child Psychology, 27,* 206–216.

Weisz, J. R., & Hawley, K. M. (2002). Developmental factors in the treatment of adolescents. *Journal of Consulting and Clinical Psychology, 70*(1), 21–43.

What Works Clearinghouse. (2003, March 5). *Study design and implementation assessment device* (Version 0.6). U.S. Department of Education. Washington, DC: Author.

Wolford, B. I. (2000). *Juvenile justice education: Who is educating the youth?* Richmond: Training Resource Center, Eastern Kentucky University.

Ysseldyke, J., & Bielinski, J. (2002). Effect of different methods of reporting and reclassification on trends in test scores for students with disabilities. *Exceptional Children, 68,* 189–200.

Ysseldyke, J., & Olsen, K. (1999). Putting alternative assessments into practice: What to measure and possible sources of data. *Exceptional Children, 65,* 175–185.

Zabel, R. H., & Nigro, F. N. (2001). The influence of special education experience and gender on academic achievement scores in reading, language, and mathematics of juvenile offenders. *Behavioral Disorders, 26,* 164–172.

Zelli, A., Dodge, K. A., Lochman, J. E., Laird, R. D., & the Conduct Problems Prevention Research Group. (1999). The distinction between beliefs legitimizing aggression and deviant processing of social cues: Testing measurement validity and the hypothesis that biased processing mediates the effects of beliefs on aggression. *Journal of Personality and Social Psychology, 77,* 150–166.

9 780865 869905

U.S. Department of Education
Office of Educational Research and Improvement (OERI)
National Library of Education (NLE)
Educational Resources Information Center (ERIC)

ERIC®

REPRODUCTION RELEASE

(Specific Document)

I. DOCUMENT IDENTIFICATION:

Title: Educating Juveniles with Disabilitites in Correctional Settings	
Author(s):	
Corporate Source:	Publication Date:

II. REPRODUCTION RELEASE:

In order to disseminate as widely as possible timely and significant materials of interest to the educational community, documents announced in the monthly abstract journal of the ERIC system, *Resources in Education* (RIE), are usually made available to users in microfiche, reproduced paper copy, and electronic media, and sold through the ERIC Document Reproduction Service (EDRS). Credit is given to the source of each document, and, if reproduction release is granted, one of the following notices is affixed to the document.

If permission is granted to reproduce and disseminate the identified document, please CHECK ONE of the following three options and sign at the bottom of the page.

The sample sticker shown below will be affixed to all Level 1 documents	The sample sticker shown below will be affixed to all Level 2A documents	The sample sticker shown below will be affixed to all Level 2B documents
PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY Sample TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)	PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL IN MICROFICHE, AND IN ELECTRONIC MEDIA FOR ERIC COLLECTION SUBSCRIBERS ONLY, HAS BEEN GRANTED BY Sample TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)	PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL IN MICROFICHE ONLY HAS BEEN GRANTED BY Sample TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
1	2A	2B
Level 1 ☐	Level 2A ☒	Level 2B ☐
Check here for Level 1 release, permitting reproduction and dissemination in microfiche or other ERIC archival media (e.g., electronic) and paper copy.	Check here for Level 2A release, permitting reproduction and dissemination in microfiche and in electronic media for ERIC archival collection subscribers only.	Check here for Level 2B release, permitting reproduction and dissemination in microfiche only.

Documents will be processed as indicated provided reproduction quality permits.
If permission to reproduce is granted, but no box is checked, documents will be processed at Level 1.

I hereby grant to the Educational Resources Information Center (ERIC) nonexclusive permission to reproduce and disseminate this document as indicated above. Reproduction from the ERIC microfiche or electronic media by persons other than ERIC employees and its system contractors requires permission from the copyright holder. Exception is made for non-profit reproduction by libraries and other service agencies to satisfy information needs of educators in response to discrete inquiries.

Sign here, → please Signature:	Printed Name/Position/Title: Lynda M Brillon	
Organization/Address: CEM	Telephone: 970-351-4151	FAX: 970-351-3583
	E-Mail Address:	Date: 11-5-03

(over)

III. DOCUMENT AVAILABILITY INFORMATION (FROM NON-ERIC SOURCE):

If permission to reproduce is not granted to ERIC, or, if you wish ERIC to cite the availability of the document from another source, please provide the following information regarding the availability of the document. (ERIC will not announce a document unless it is publicly available, and a dependable source can be specified. Contributors should also be aware that ERIC selection criteria are significantly more stringent for documents that cannot be made available through EDRS.)

Publisher/Distributor:
Address:
Price:

IV. REFERRAL OF ERIC TO COPYRIGHT/REPRODUCTION RIGHTS HOLDER:

If the right to grant this reproduction release is held by someone other than the addressee, please provide the appropriate name and address:

Name:
Address:

V. WHERE TO SEND THIS FORM:

Send this form to the following ERIC Clearinghouse:

Acquisitions Coordinator
ERIC Clearinghouse on Disabilities and Gifted Education
1110 North Glebe Road
Suite 300
Arlington VA 22201-5704

However, if solicited by the ERIC Facility, or if making an unsolicited contribution to ERIC, return this form (and the document being contributed) to:

ERIC Processing and Reference Facility
1100 West Street, 2nd Floor
Laurel, Maryland 20707-3598

Telephone: 301-497-4080
Toll Free: 800-799-3742
FAX: 301-953-0263
e-mail: ericfac@inet.ed.gov
WWW: http://ericfac.piccard.csc.com

EFF-088 (Rev. 9/97)
PREVIOUS VERSIONS OF THIS FORM ARE OBSOLETE.